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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 29 1947

Registration District No. 138

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28129

Primary Registration District No. 2001

Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2131 Nashville
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 18 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Joplin 2
(If outside city or town limits, write "RURAL")

(d) Street No. 2131 Nashville 5
(If rural, give location) 0

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Oscar Robert Severn

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male 0

5. Color or race white

6. (a) Single, widowed, married, divorced widowed 2

6. (b) Name of husband or wife Samantha

6. (c) Age of husband or wife if alive deceased years

7. Birth date of deceased January (Month) 25 (Day) 1869 (Year)

8. AGE:

Years	Months	Days	If less than one day
78	6	1	hr. min.

9. Birthplace Mercer County (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation

11. Industry or business retired farmer

FATHER
12. Name John Severn
13. Birthplace Athens (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Levisie Clark
15. Birthplace Mercer County (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant Jasper Severn
(b) Address 2131 Nashville

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 29-47 (Month) (Day) (Year)
(c) Place: burial or cremation Osborne Memorial Cem

18. (a) Signature of funeral director Thornhill-Dillon Mort
(b) Address Joplin, Missouri

19. (a) 7-28-47 (Date received local registrar) (b) Dolores Lampkins DR. (Registrar's signature) 139

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25
year 1947 hour 6 minute p M.

21. I hereby certify that I attended the deceased from July 1, 1947, to July 25, 1947, 19 ;
that I last saw him alive on July 22, 1947. 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion.

Due to Myocardial degeneration.

Due to Chronic Int. nephritis and hypertension

Other conditions Advanced senility.
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

13/R

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) No.

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature D B Chapman M. D. (M. D. or other)

Address Joplin, Missouri. Date signed

RITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

47-8-677

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Registered Apprentice No....., working under my personal supervision.

Signed David Dillon

Licensed Embalmer No. 3888

P. O. Address Joplin, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.