

STANDARD CERTIFICATE OF DEATH

State File No. 31589
Registrar's No.

FILED SEP 18 1947

Registration District No. 156

Primary Registration District No. 2001

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: 1806 Indiana /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)

3. (a) PRINT FULL NAME: Annie May DeWitt

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex: F. / 5. Color or race: W. / 6. (a) Single, widowed, married, divorced: M. /
6. (b) Name of husband or wife: William Frank 6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: November 5, 1878 (Month) (Day) (Year)

8. AGE: Years 68 Months 9 Days 14 If less than one day hr. min.

9. Birthplace: Granby, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation: Retired--Grocery

11. Industry or business:

12. Name: Isaac Cooper

13. Birthplace: --- Missouri (City, town, or county) (State or foreign country)

14. Maiden name: Rutile Ellender Vaughan

15. Birthplace: --- Missouri (City, town, or county) (State or foreign country)

16. (a) Informant: William F. DeWitt

(b) Address: 1806 Indiana, Joplin, Mo.

17. (a) Burial (b) Date thereof: 8-25-47 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Forest Park

18. (a) Signature of funeral director: Parker Hunsaker

(b) Address: 1502 Joplin, Joplin, Mo.

19. (a) 8-22-47 (b) Dolores Campbell (Date received local registrar) (Registrar's signature)

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.: 1806 Indiana 5
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country:

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Aug. day: 19 year: 1947 hour: 10 minute: 30 A. M.

21. I hereby certify that I attended the deceased from June 1947 to Aug 16 1947 that I last saw him alive on and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac Insufficiency & Pulmonary Regurgitation

Due to:

Due to:

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy:

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

(a) Accident, suicide, or homicide (specify):

(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:

23. Signature: G. L. Crawford (M. D. or other)

Address: Joplin, Mo. Date signed: 8/20/47

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

MOTHER FATHER

47-8-730

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Johns River 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.