S. No. 2
M—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 18 1947

Registration District No. 156

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31600

Primary Registration District No. 2001

Registrar's No.

49
2
5

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: 1906 Joplin
(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)

In this community: 40 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jasper 49

(c) City or town: Joplin 5
(If outside city or town limits, write "RURAL")

(d) Street No.: 1906 Joplin 5 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: ROSA B. LUMAN

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: F. 1

5. Color or race: W.

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

6. (b) Name of husband or wife:

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

7. Birth date of deceased: August 15, 1873 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
73	11	28	hr. min.

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

10. Usual occupation: own home

11. Industry or business:

MOTHER FATHER

12. Name: GILBERT LUMAN

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

14. Maiden name: MATILDA C. FOWLER

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

16. (a) Informant: J. F. Luman

(b) Address: Chetopa, Kansas

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 8-15-47 (Month) (Day) (Year)

(c) Place: burial or cremation: CHETOPA KANSAS

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

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

19. (a) 8-14-47 (Date received local registrar) (b) Dolores Lamphins D.R. (Registrar's signature) 129

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 12 year 1947 hour 4:00 minute P. M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Myocarditis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings Of operation	
Of autopsy	

Did not attend Carried over 1 yr.

PHYSICIAN

Underline the cause of which death should be charged statistically.

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 2

23. Signature: H. E. Beer D.O. (M.D. or Coroner)

Address: 530 ½ Main St. Date signed: 8-13-47

Acting Coroner

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

47-8-723

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 E. M. Jones

Licensed Embalmer No. 2319

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.