S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 18 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31929

Registration District No. 156 246 Primary Registration District No. 2001 Registrar's No.

1. PLACE OF DEATH:
(a) County Newton
(b) City or town Joplin - Shoal Creek Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 3304 Oak Ridge Dr
(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 35 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Newton 73
(c) City or town Joplin 0
(If outside city or town limits, write "RURAL")
(d) Street No. 3304 Oak Ridge Dr 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Alice Keller
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 23 (Day) 1862 (Year)

8. AGE: Years 85 Months 0 Days 2 If less than one day hr. min.

9. Birthplace Bedford (City, town, or county) Indiana (State or foreign country)
10. Usual occupation
11. Industry or business housewife
FATHER
12. Name James Monroe Hill
13. Birthplace Indiana (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Rebecca Garvey
15. Birthplace Indiana (City, town, or county) (State or foreign country)
16. (a) Informant Mrs R.T. Butler
(b) Address 3304 Oak Ridge Dr
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 27-47 (Month) (Day) (Year)
(c) Place: burial or cremation Park Cemetery, Carthage
18. (a) Signature of funeral director Thornhill-Dillon Mortuary
(b) Address Joplin, Missouri
19. (a) 8-26-47 (Date received local registrar) (b) Dolores Lampkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 25 year 1947 hour 1 minute p M.
21. I hereby certify that I attended the deceased from Aug 4 1947 to Aug 25 1947 that I last saw her alive on Aug 25 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic myocarditis	wks
Due to: Senility and generalized arterio sclerosis	
Due to:	
Other conditions: Auricular fibrillation (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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) 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 (M. D. or other)
Address Joplin Nat'l Bank Bldg Joplin Mo Date signed 8/26/47

Dr W. W. Hurst

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

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

47-8-742

OCT 14 1948

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. 3898

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.