No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38644

FILED DEC 9 1947

Registration District No. 136 — 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: 1330 Penn Ave / (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether In this community 10 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. 1330 Penn Ave 5 (If rural, give location) 0
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Bess Mabel James
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 married
6. (b) Name of husband or wife D.B.James
6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased August (Month) 14 (Day) 1888 (Year)

8. AGE: Years 59 | Months 2 | Days 7 | If less than one day ..... hr. ..... min.

9. Birthplace Eureka Springs (City, town, or county) Arkansas / (State or foreign country)
10. Usual occupation .....
11. Industry or business housewife
FATHER
12. Name Aaron Hyde
13. Birthplace ..... (City, town, or county) Penn / (State or foreign country)
MOTHER
14. Maiden name Tabitha Williams
15. Birthplace ..... (City, town, or county) Kentucky / (State or foreign country)
16. (a) Informant D.B.James
(b) Address 1330 Penn Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof October 23-47 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Park Cemetery
18. (a) Signature of funeral director Thornhill-Dillon Mort
(b) Address Joplin, Missouri
19. (a) 10-23-47 (Date received local registrar) (b) Dolores Lamphing DR (Registrar's signature) 129

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 20 year 1947 hour 11 minute 45 p M.

21. I hereby certify that I attended the deceased from Aug. 9 1947 to 10-19- 1947 that I last saw her alive on 10-19 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Metastitis	4 mos.
Due to Carcinoma of the Breast	3 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy 50

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 0

23. Signature B.E. DETAR (M. D. or other) MD
Address B.E. DETAR, M.D. 527 Frisco Bldg. Date signed 10-22-47

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

7-11-929
DEC 28 1947
DEC 29 1947
FEB 24 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 Erling M. Dungy

Licensed Embalmer No. 3566

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.