. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38647

FILED NOV 22 1947

Registration District No. 5216 Primary Registration District No. 2001 Registrar's No.

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

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: 1809 Grand 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 25 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Webb City 6
(If outside city or town limits, write "RURAL")
(d) Street No. 1021 W. Nelson 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Melvina A. Johnson
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~~ 2
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased March (Month) 21 (Day) 1867 (Year)

8. AGE: Years 80 Months 5 Days 19 If less than one day ..... hr. ..... min.

9. Birthplace Bates County Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation at home
11. Industry or business
FATHER
12. Name J. W. King
13. Birthplace Ky 1
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Elizabeth Jones
15. Birthplace No data 4
(City, town, or county) (State or foreign country)
16. (a) Informant Dau Mrs Rosalia Ward Leonard
(b) Address Southwest City, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/12/47 (Month) (Day) (Year)
(c) Place: burial or cremation Carterville Cemetery
18. (a) Signature of funeral director Hedge Lewis
(b) Address Webb City Mo.
19. (a) 9-15-47 (Date received local registrar) (b) Dolores Lampkins D.R. (Registrar's signature) 137

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 10
year 1947 hour 11:55 minute A M.
21. I hereby certify that I attended the deceased from Aug 20, 1947, to Sept 10, 1947
that I last saw her alive on Sept 10, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	
Due to	
Due to	
Other conditions (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)
(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 C. C. Coat (M. D. or other) U
Address Joplin Date signed 9-12-47

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

47-11-830

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 _____

Licensed Embalmer No. 2859

P. O. Address _____

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.