No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 9 1947

Registration District No. 136

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2001

State File No. 38665

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: St. John
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 8 days (Specify whether years, months or days)
In this community: 2 years

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

3. (a) PRINT FULL NAME: Annie Moore
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: W.
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: November 10, 1878 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
68	11	19	hr. min.

9. Birthplace: Mazarne, Arkansas (City, town, or county) (State or foreign country)
10. Usual occupation: own home
11. Industry or business:
FATHER
12. Name: Joshua Brumbley
13. Birthplace: --------Tennessee (City, town, or country) (State or foreign country)
MOTHER
14. Maiden name: Rebecca Crawford
15. Birthplace: ------Georgia (City, town, or country) (State or foreign country)
16. (a) Informant: Miss Celia Moore
(b) Address: Joplin, Mo., R#1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-1-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Baxter Springs, Kansas
18. (a) Signature of funeral director: Parker-Hunsaker
(b) Address: Joplin, Missouri
19. (a) 11-4-47 (Date received local registrar) (b) Dolores Lamphis O.R. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 29 year 1947 hour 10 minute 00 A.M.
21. I hereby certify that I attended the deceased from April 26, 1947 to Oct 29 1947, 19..; that I last saw her alive on Oct 29 1947, 19..; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage,	7 days
Due to: hypertension.	6 mo.
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings: Of operations: None
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? Means of injury:
Signature: (M. D. or other)
Address: Joplin Mo. Date signed 11/11/47

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

47-11-940

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 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.