. 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. 156

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38694

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: 2111 Sargeant Ave.
(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: 58 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jasper
(c) City or town: Joplin
(If outside city or town limits, write "RURAL")
(d) Street No.: 2111 Sargeant
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: No

3. (a) PRINT FULL NAME: Clara M. Withrow
3. (b) If veteran, name war: No
3. (c) Social Security No.: No
4. Sex: Fem.
5. Color or race: White
6. (a) Single, widowed, married, divorced: widow
6. (b) Name of husband or wife: James L. Withrow
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Sept. (Month) 10 (Day) 1851 (Year)
8. AGE: Years 96 Months 11 Days 3 If less than one day hr. min.
9. Birthplace: Lancaster Ohio (City, town, or county) (State or foreign country)
10. Usual occupation: retired housewife
11. Industry or business:
FATHER 12. Name: unknown
13. Birthplace: (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: unknown
15. Birthplace: (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. E. H. Cullison
(b) Address: 726 Picher St; Joplin Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10-17-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Hope Cemetery
18. (a) Signature of funeral director: Hurlbut Und. Co.
(b) Address: Joplin Mo.
19. (a) 10-18-47 (Date received local registrar) (b) Dolores Lampkins (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct. 13 day 1947 year hour 7-30 P.M. minute 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.

	Duration
Immediate cause of death: Chronic	
Due to: Interstitial	
Due to: Nephritis	
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
Signature: D. M. Coombs (M. D. or other)
Address: Joplin Mo Date signed 10/16/47

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

47-11-916

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 Perry K. Hurlburt

Licensed Embalmer No. 959

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.