S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 26 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 44336

Registration District No. 156 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: 1314 Grand, Joplin, Mo. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 55 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Joplin (If outside city or town limits, write "RURAL") 2
(d) Street No. 1314 Grand Ave. (If rural, give location) 5
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lula Anna Hornaday Dagley
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 M
6. (b) Name of husband or wife S. Winburn
6. (c) Age of husband or wife if alive years
7. Birth date of deceased August (Month) 13 (Day) 1880 (Year)

8. AGE: Years 67 Months 4 Days 10 If less than one day hr. min.

9. Birthplace Mound Valley (City, town, or county) Kansas (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Zeak Hornaday 0
13. Birthplace Webb City, Mo. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Holt
15. Birthplace Webb City, Mo. (City, town, or county) (State or foreign country) 0
16. (a) Informant S. W. Dagley
(b) Address 1314 Grand, Joplin, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-26-47 (Month) (Day) (Year)
(c) Place: burial or cremation Fairview Cem.
18. (a) Signature of funeral director Parker-Hunsaker
(b) Address 1502 Joplin St. Joplin Mo.
19. (a) 12-29-47 (Date received local registrar) (b) Dolores Lampkin DR (Registrar's signature) 120

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 23
year 1947 hour 7:00 minute 40 P M.
21. I hereby certify that I attended the deceased from ~~March~~ Mar 15, 1947 to Dec 23, 1947
that I last saw h alive on , 19
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Urinary Bladder — Duration 1 yr
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations 52 B
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) 0
While at work? (e) Means of injury

23. Signature M. F. Hall (M. D. or other) MD
Address Joplin Mo Date signed 12-27-47

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

47-12-1095

OCT 31 1958

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.