. S. No. 2
OM—1/47
ev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 17 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 44355

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: 1720 Murphy
(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: 12 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.: 1720 Murphy
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Delta May Hatcher
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: Jess
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: November 16, 1898 (Month) (Day) (Year)

8. AGE: Years 49 Months 0 Days 0 If less than one day hr. min.

9. Birthplace: Parsons, Kansas (City, town, or county) (State or foreign country)
10. Usual occupation: own home
11. Industry or business:

MOTHER FATHER
12. Name: William Mathis
13. Birthplace: -----Iowa (City, town, or county) (State or foreign country)
14. Maiden name: Nellie Gray
15. Birthplace: -----Kansas (City, town, or county) (State or foreign country)

16. (a) Informant: Virginia Hatcher
(b) Address: 1720 Murphy, Joplin, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 11-18-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Ozark Memorial Park
18. (a) Signature of funeral director: Parker-Hunsaker
(b) Address: Joplin, Missouri
19. (a) 12-6-47 (Date received local registrar) (b) Dolores Lampkins O.R. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November 16 year 1947 hour 8 minute 30 A.M.
21. I hereby certify that I attended the deceased from May 30, 1947 to Nov. 16, 1947 that I last saw her alive on Nov. 12, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Embolism	1 day
Due to: Bronchial Asthma	2 years
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: NO
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: D. Lawson (M.D. or other) DO
Address: Joplin Mo Date signed 1-18-47

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

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

47-12-1007

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.