

S. No. 2
M-1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 5265

FILED FEB 19 1948
Registration District No. 6

Primary Registration District No. 2001

Registrar's No.

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(c) Name of hospital or institution 1701 Byers Ave.
(d) Length of stay: In hospital or institution 22 yrs.
In this community 22 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Joplin
(d) Street No. 1701 Byers Ave.
(e) Citizen of foreign country? No.

3. (a) PRINT FULL NAME MARY FOWLER
3. (b) If veteran, name war.
3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month February day 1st
year 1948 hour 2:45 minute P.M.

4. Sex Fem. 5. Color or race Wh.
6. (a) Single, widowed, married, divorced, wid. 2
6. (b) Name of husband or wife.
6. (c) Age of husband or wife if alive years
7. Birth date of deceased August 29th 1869

21. I hereby certify that I attended the deceased from 12-27 1947 to 2-1 1948
that I last saw her alive on 1-30-1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

8. AGE: Years 78 Months 5 Days 3

Due to
Due to
Other conditions (Include pregnancy within 3 months of death)

9. Birthplace Columbia, Missouri
10. Usual occupation Retired

PHYSICIAN
Major findings: Of operations
Of autopsy

11. Industry or business
12. Name F. S. Burnham
13. Birthplace Boone Co., Missouri
14. Maiden name Elizabeth Hubbard
15. Birthplace Columbia, Missouri

16. (a) Informant Lula Smith
(b) Address at home
17. (a) Removal (b) Date thereof 2-4-48
(c) Place: burial or cremation Kansas City
18. (a) Signature of funeral director Parker-Hunsaker
(b) Address Joplin, Mo.

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place)
(e) Means of injury
23. Signature Ed Jones (M.D. or other)
Address Joplin, Mo. Date signed 2-3-48

19. (a) 2-5-48 (b) Dolores Sampson
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

Ed Jones

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.

Registration District No. 156

Primary Registration District No. 2007

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Jasper
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. _____ (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Mary Fowler

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 wid

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____

7. Birth date of deceased Aug 29
(Month) (Day) (Year)

8. AGE: Years 78 Months _____ Days _____ If less than one day
hr. _____ min. _____

9. Birthplace _____ (City, town, or county) (State or foreign country) MO

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 2-5-48 (b) Dolores Lampkin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Year 1948 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Duration

Due to _____

Due to _____

Other conditions _____ (Include pregnancy within 9 months of death)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to 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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

Signature _____ (M. D. or other) _____

Address _____ Date signed _____

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

SUPPLEMENTARY

S-5265, 1948