

S. No. 2  
M-1/47  
7-5-17-39

State File No. ....

FILED APR 5 1948  
Registration District No. ....

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: St Johns Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 19 days  
(Specify whether 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")

(d) Street No. 832 1/2 Main Street 5  
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) ?  
If yes, name country .....

3. (a) PRINT FULL NAME Lydia Adams

3. (b) If veteran, name war .....

3. (c) Social Security No. ....

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced, widow

6. (b) Name of husband or wife .....

6. (c) Age of husband or wife if alive .. years .. months .. days

7. Birth date of deceased March 24 1873  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	74	11	0	.....hr. ....min.

9. Birthplace Vernor County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business seamstress

12. Name A.W. Jenkins

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

14. Maiden name Lydia Ann Chambers

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

16. (a) Informant Lydia Adams, before death  
(b) Address 832 1/2 Main St

17. (a) Burial (b) Date there Feb 25, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Park Cemetery

18. (a) Signature of funeral director Thornhill-Dillon  
(b) Address Joplin, Missouri

19. (a) 2-26-48 (b) Saleres Lemphis  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 23  
year 1948 hour 8 minute 45 a. M.

21. I hereby certify that I attended the deceased from April 17 to Feb 23 1948  
that I last saw her alive on Feb 23 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary Stenosis

Due to: Chronic pyelitis uteri

Due to: .....

Other conditions: Pulmonary infarct  
(include pregnancy within 3 months of death)  
Anemia, malnutrition, dehydration

Major findings:  
Of operations: .....

Of autopsy: Pulmonary infarct  
Stenosis of aorta

Duration 8 months

Physician W. J. Day

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due 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: [Signature] (M. D. or other) ..

Address: 2nd St Hwy Joplin Mo Date signed: 2-25-48

Mr. Gregory G. Schultz 49  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

JUN 9 1948

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 Erling M. Sorey  
Licensed Embalmer No. 3566

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.