S. No. 2
M—1/47
v. 5-17-39

49
2
5

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

9058

State File No.

FILED APR 5 1948

Registration District No. 156

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. John's 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 hrs. (Specify whether
In this community 42 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JASPER 49

(c) City or town JOPLIN 2
(If outside city or town limits, write "RURAL")

(d) Street No. 2321 Empire St. 5
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME MARY ELLEN BLACK

3. (b) If veteran, name war

3. (c) Social Security No. 2

4. Sex Fem. 1

5. Color or race Wh.

6. (a) Single, widowed, married, divorced Wid.

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

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

7. Birth date of deceased October (Month) 1 (Day) 1871 (Year)

8. AGE: Years 76 Months 4 Days 17 If less than one day hr. min.

9. Birthplace Near Kansas City, Kansas 1
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business retired

FATHER
12. Name David Frazier 1
13. Birthplace North Carolina
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Caledonia Morris
15. Birthplace West Virginia 1
(City, town, or county) (State or foreign country)

16. (a) Informant Flora Carter Hammond
(b) Address at home

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-19-48 (Month) (Day) (Year)
(c) Place: burial or cremation Osborne Memorial Cem.

18. (a) Signature of funeral director Parker-Hunsaker
(b) Address Joplin, Mo.

19. (a) 2-20-48 (Date received local registrar) (b) Dolores Lampkins DR (Registrar's signature) 134

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 17th
year 1948 hour 12:15 minute A. M.

21. I hereby certify that I attended the deceased from 1-9, 1948, to 2-17, 1948; that I last saw her alive on 2-16, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Occlusion	8 days
Due to: generalized arteriosclerosis	2
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

94a

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 0

23. Signature B Schoeberl (M. D. or other)

Address 308 Frisco Bldg Date signed 18 Feb

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

48-2-201

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.