S. No. 2
M—1/47
7. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 6 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9066

Registration District No. 136 — 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: 730 Monroe Street (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 55 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.: 730 Monroe (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Edward Christmas
3. (b) If veteran, name war
3. (c) Social Security No.: 496-16-7140
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: Divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: March (Month) 20 (Day) 1892 (Year)

8. AGE: Years 55 | Months 11 | Days 22 | If less than one day ..... hr. ..... min.

9. Birthplace: Joplin (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Miner
11. Industry or business
12. Name (Father): John Christmas
13. Birthplace (Father): Unknown (City, town, or county) (State or foreign country)
14. Maiden name (Mother): Unknown
15. Birthplace (Mother): Unknown (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs Sophia P Rutliff
(b) Address: 730 Monroe, Joplin, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Mar. 15, 1948
(c) Place: burial or cremation: Carterville Cemetery
18. (a) Signature of funeral director: Thornhill-Dillon Mort
(b) Address: 305 W. 4th Joplin Mo.
19. (a) 3-16-48 (Date received local registrar) (b) Dallas Lamphere (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Mar. day: 12 year: 1948 hour ..... minute ..... M.
21. I hereby certify that I attended the deceased from Feb. 17, 1948, to Mar. 12, 1948 that I last saw him alive on Mar 10, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Advanced Pul. TB	Many years
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 13 B
Of autopsy: 13

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

23. Signature: A. L. Graves M.D. (M. D. or other) M.D.
Address: Frisco Bldg, Joplin, Mo. Date signed: 3/15/48

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

48-3-258

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 _____

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.