

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

9084

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED APR 6 1948

Registration District No.

Primary Registration District No. 2001

Registrar's No.

19
552

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..... Freeman Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... 3 weeks
(Specify whether years, months or days)

In this community..... 32 years
years, months or days

3. (a) PRINT FULL NAME..... MARTHA HEARD

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

3. (c) Social Security No.

4. Sex..... Fem. 5. Color or race..... Wh.

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

6. (b) Name of husband or wife..... Thomas A. Heard

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

7. Birth date of deceased..... August 20, 1869
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>78</u> | <u>6</u> | <u>15</u> | hr. min. |

9. Birthplace..... Cleveland County, Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation..... Housewife

11. Industry or business..... none

12. Name..... unknown 9

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

14. Maiden name..... unknown 9

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

16. (a) Informant..... Mrs. Harry Salisbury

(b) Address..... 714 Indiana, Joplin

17. (a) Burial (b) Date thereof..... 3-8-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Forest Park Cem.

18. (a) Signature of funeral director..... Parker-Hunsaker

(b) Address..... Joplin, Mo.

19. (a) 3-9-48 (b) Delores Sampson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... MISSOURI (b) County..... JASPER 49

(c) City or town..... Joplin 7
(If outside city or town limits, write "RURAL")

(d) Street No..... 1708 Morgan St. 5
(If rural, give location)

(e) Citizen of foreign country?..... no (Yes or No)

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... March day..... 6th
year..... 1948 hour..... 6:55 minute..... A. M.

21. I hereby certify that I attended the deceased from..... 7-15, 1948 to..... 3-6, 1948
that I last saw him..... alive on..... 3-5, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death..... Coronary
arteriosclerosis
myocardial infarction
due to
diabetes

Due to..... Primary coronary
arteriosclerosis 1926

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations..... 4813

Of autopsy.....

Duration

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 plant, in public place?..... (Specify type of place)

While at work?..... (e) Means of injury..... 0

23. Signature..... Ed Storm (M. D. or other)
Address..... Joplin, Mo. Date signed..... 3-9-48

Dr Jarneo

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. 2219

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.