

No. 2
1-17-47
17-39

FILED APR 5 1948
Registration District No. **56**

Primary Registration District No. **201**

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 **Joplin General**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **2 weeks**
(Specify whether years, months or days)
 In this community **56 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. **1021 Furnace St.**
(If rural, give location)
 (e) Citizen of foreign country? **No.** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **ANNA ELIZABETH HEMPHILL**
 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 **Wid.**
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **May 20 1865**
(Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **February** day **10th**
 year **1948** hour **10:00** minute **P.** M.
 21. I hereby certify that I attended the deceased from **Jan. 27, 1948**
 to **Feb 10, 1948**
 that I last saw her alive on **Feb 10, 1948**
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	82	8	21	_____ hr. _____ min.

Immediate cause of death **Acute respiratory Hypostatic pneumonia**
 Due to **Impacted fracture of right femur**
 Other conditions **---**
(Include pregnancy within 3 months of death)

9. Birthplace **Platt County, Missouri**
(City, town, or county) (State or foreign country)
 10. Usual occupation **Retired**

PHYSICIAN
 Major findings: **---**
 Of operations: **---**
 Of autopsy: **---**
ADDITIONAL UNDERLINE
SUPPLEMENTAL
INFORMATION
REQUESTED

11. Industry or business _____
12. Name **Reuben Isenhower**
13. Birthplace **Penn.**
(City, town, or county) (State or foreign country)
14. Maiden name **Anna Broadhurst**
15. Birthplace **??**
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence **1-27**
 (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 **---**
 Signature **Lawell R. Morgan** or other **---**
 Address **521 W 4th Joplin, Mo** Date signed **2/11/48**

16. (a) Informant **Mrs. Della Galyon**
 (b) Address **at home**
17. (a) **Burial** (b) Date thereof **2-12-48**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Fairview Cem.**
18. (a) Signature of funeral director **Parker-Hunsaker**
 (b) Address **Joplin, Mo.**
19. (a) **2-16-48** (b) **Lawell R. Morgan**
(Date received local registrar) (Registrar's signature)

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

9
2
5

119
2
50

MOTHER FATHER

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 Johns River

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. April
Registrar's No. _____

Registration District No. 156 Primary Registration District No. 2001

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:

(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ (Specify whether _____)
years, months or days

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 _____

3. (a) PRINT FULL NAME

Anna E. Hemphill

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 May 20 1861
(Month) (Day) (Year)

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

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

10. Usual occupation _____

11. Industry or business _____

MOTHER, FATHER {
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 _____ (Month) (Day) (Year)
(Burial, cremation, or removal)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Day _____ 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 _____

Due to _____
Due to _____

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

Major findings: Of operations _____
Of autopsy _____

Duration _____
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) Accident nt
(b) Date of occurrence January 27, 1948
(c) Where did injury occur? Joplin Jasper Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

While at work? no (Specify type of place) Fell
(e) Means of injury

23. Signature J.P. Morgan (M. D. or other) DO
521 West Fourth Joplin Mo
Date signed _____

SUPPLEMENTARY

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

