S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9088

FILED APR 5 1948

Registration District No. 186 — Primary Registration District No. 2001 — Registrar's No.

19
2
5

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

(d) Length of stay: In hospital or institution since 1/26/48 (Specify whether

In this community 40 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. 627½ Main 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 MARGARET FLEMING HOPPER

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Fem. 1

5. Color or race Wh.

6. (a) Single, widowed, married, divorced Wid. 2

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

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

7. Birth date of deceased February (Month) 12th (Day), 1865 (Year)

8. AGE: Years 83 | Months 0 | Days 7 | If less than one day hr. min.

9. Birthplace Longdale, Illinois (City, town, or county) (State or foreign country) 1

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Tom Tuney
13. Birthplace unknown (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Mr. James P. Fleming
(b) Address 627½ Main St., Joplin

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-23-48 (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) 2-26-48 (Date received local registrar) (b) Dolores Lempkins DR. (Registrar's signature) 120

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 19th year 1948 hour 11:15 minute A. M.

21. I hereby certify that I attended the deceased from Sept 1947 to Feb 19 1948 that I last saw her alive on Feb 19 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma cervix uteri	1½ yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

480

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 M. F. Hall (M. D. or other) MD

Address Joplin Mo Date signed 2-20-48

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

48-2-208

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.