

S. No. 2
M-1/47
r. 5-17-39

State File No.

National Office of Vital Statistics

FILED APR 6 1948

Registration District No. 1526

Primary Registration District No. 2001

Registrar's No.

49
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: **1119 Virginia Ave**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: **8 Years.**
(Specify whether years, months or days)

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.: **1119 Virginia**
(If rural, give location)

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

If yes, name country:

3. (a) PRINT FULL NAME: **Clara Jane Mering**

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: **Female** 5. Color or race: **White**

6. (a) Single, widowed, married, divorced: **Widowed**

6. (b) Name of husband or wife:

6. (c) Age of husband or wife if alive: **9th** years (Month) (Day) (Year)

7. Birth date of deceased: **August 9th 1876**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
71	6	22	hr. min.

9. Birthplace: **St Joseph Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation: **Home Duties**

11. Industry or business:

12. Name: **Earnest Reed**

13. Birthplace: **Lamar Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name: **Don't Know**

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

16. (a) Informant: **Earnest Reed Jr.**

(b) Address: **2231 So 9th, St Joseph Mo.**

17. (a) **Burial** (b) Date thereof: **Mar 3, 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director: **Thornhill-Dillon**

(b) Address: **Joplin Missouri**

19. (a) **3-5-48** (b) **John Sampson, Jr.**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: **March** day: **1st** year: **1948** hour: **2:00** minute: **30** P. M.

21. I hereby certify that I attended the deceased from **December 15, 1948** to **March 1st, 1948** that I last saw **her** alive on **March 1st, 1948** and that death occurred on the date and hour stated above.

Immediate cause of death: **Cerebral Hemorrhage**

Due to: **Hypertension**

Due to: **Arteriosclerosis**

Other conditions:

(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: **83 R**

Of operations:

Of autopsy:

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? **2** (Specify type of place) (e) Means of injury: **2**

23. Signature: **J. D. [Signature]** (M. D. or other) **Del**

Address: **Joplin Mo** Date signed: **3-2-48**

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 _____

Jesse O. Sullivan _____, Registered Apprentice No. 99
working under my personal supervision.

Signed Erving M. Dungey _____
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.