

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

13075

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

National Office of Vital Statistics

FILED MAY 5 1948

Registrar's No.

Registration District No. 256

Primary Registration District No. 2001

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:
406 N. Mineral
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether
no record
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. **406 N. Mineral**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **ANNA ARMSTRONG**

3. (b) If veteran, name war..... 3. (c) Social Security No.

4. Sex **Female** 5. Color or race **Negro** 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 **August 31 1870**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 7 10 ..hr. ..min

9. Birthplace **Nashville, Tenn**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business.....

12. Name **Nathan Lopp**
13. Birthplace **no record**
(City, town, or county) (State or foreign country)
14. Maiden name **Harriett Pillow**
15. Birthplace **Tennessee**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Beulah Curtis**
(b) Address **406 N. Mineral**
17. (a) **Burial** (b) Date thereof **4-15-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Parkway Cemetery**

18. (a) Signature of funeral director **PARKER-HUNSAKER**
(b) Address **1502 Joplin, Joplin, Mo**

19. (a) **4-15-48** (b) **Solomon Lampkin**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **10**
year **1948** hour **4** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **May 47** to **March 48**
that I last saw **her** alive on **March 28** 19**48**
and that death occurred on the date and hour stated above.

Immediate cause of death **Arteriosclerotic Heart Disease**
Duration **20 years**

Due to.....
Due to.....

Other condition **Vascular Les.**
(Include pregnancy within 3 months of death) **unknown**

Major findings: **309**
Of operations.....
Of autopsy.....

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..... (c) Means of injury.....

22. Signature **Solomon Lampkin** (M. D. or other) **DR.**
Address **1502 Joplin, Joplin, Mo** Date signed **4-15-48**

MAY 6 1948

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.