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. 130777

FILED MAY 5 1948

Registration District No. 56

Primary Registration District No. 2001

Registrar's No.

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: 1832 Wall Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 60 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. 1832 Wall 5
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME ARMISTHA JANE BELFORD

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex FEMALE 1

5. Color or race WHITE

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

6. (b) Name of husband or wife

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

7. Birth date of deceased MAY (Month) 28 (Day) 1867 (Year)

8. AGE: Years 80 Months 10 Days 12 If less than one day ..... hr. ..... min.

9. Birthplace ALLENVILLE, OHIO 1
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

FATHER
12. Name CHAS. SWEPSTON 9
13. Birthplace no record
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name MARION PENAY
15. Birthplace no record 4
(City, town, or county) (State or foreign country)

16. (a) Informant CHAS. M. BELFORD 1
(b) Address 1832 Wall, Joplin, Mo

17. (a) Burial (b) Date thereof 4-13-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Fairview Cemetery

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

19. (a) 4-15-48 (b) Dolores Tompkins Jr. 29
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4-10 day April
year 48 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from April 1948
..... 19..... to ~~April~~ ..... 19.....;
that I last saw her alive on Feb 20 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Valvular Heart Disease	20 yrs
Due to: Arteriosclerosis Hypertensive Heart Disease	20 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
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) 0

While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other) [illegible]

Address [illegible] Date signed 4-14-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

48-4-355

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.