

FILED MAY 5 1948
Registration District No. **2001**

Primary Registration District No. **2001**

Registrar's No. _____

19
2

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

(d) Length of stay: In hospital or institution **38 years** (Specify whether years, months or days)

In this community **38 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. **1306 Furnace**
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME **Mildred A. Keys**

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

4. Sex **Female** 5. Color **Colored**

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

7. Birth date of deceased **NOV. 20 1880**
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **5**
year **1948** hour **7** minute **40 P.M.**

21. I hereby certify that I attended the deceased from **12/26/47** to **4/5/48**
that I last saw him alive on **4/5/48**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic myocarditis**

Duration **5 1/2 yrs**

8. AGE: Years **67** Months **4** Days **15**
If less than one day _____ hr. _____ min.

9. Birthplace **Miss. Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business **Housewife**

12. Name **Samuel Bland**

13. Birthplace **Potosi Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **Beile Hill**

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

16. (a) Informant **Mrs. Urgid Wright**

(b) Address **1306 Furnace - Joplin Mo.**

17. (a) Burial **Burial** (b) Date thereof **4-9-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: **Parkway Cem.**

18. (a) Signature of Informant **Samuel Bland**

(b) Address **Joplin Mo.**

19. (a) **4-9-48** (b) **Missouri**
(Date received local registrar) (Registrar's signature)

Due to _____

Due to _____

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

Major findings: Of operations **932**

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)

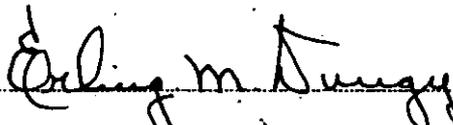
While at work? _____ (e) Means of injury **2**

23. Signature **Wesley H. Black** (M. D. or other) _____
Address **Joplin Mo.** Date signed **4/6/48**

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.....
....., Registered Apprentice No.....
working under my personal supervision.

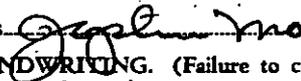
Signed.....



Licensed Embalmer No.....

3576

P. O. Address.....



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.