

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

FEDERAL SECURITY AGENCY

MISSOURI DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 16693

FILED JUN 12 1948

Registration District No. 1936

Primary Registration District No. 2001

Registrar's No.

1. PLACE OF DEATH:

(a) County... Jasper

(b) City or town... Jasper
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution... 1 day (Specify whether
In this community... 50 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") 50

(d) Street No... 801 Roosevelt

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

If yes, name country

3. (a) PRINT FULL NAME... FANNIE COOMBS

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex... F 5. Color or race... W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased... May 14 1872
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>75</u>	<u>11</u>	<u>4</u>	hr. min.

9. Birthplace... Meadville Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation... Housewife

11. Industry or business

12. Name... H. W. Grafton

13. Birthplace... Ohio (City, town, or county) (State or foreign country)

14. Maiden name... Anna Everett

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

16. (a) Informant... Don C. Grafton - Brother

(b) Address... 723 Wall Ave - Joplin

17. (a) Burial (b) Date thereat... April 21, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... Forest Park Cemetery

18. (a) Signature of funeral director... John H. Hillen

(b) Address... 305 W. 4th - Joplin Mo

19. (a) 4-20-48 (b) Richard Samuels
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month... Apr day... 19 year... 48 hour... 8 minute... 11 A. M.

21. I hereby certify that I attended the deceased from 18 Apr 19... to 19 Apr 19... that I last saw him alive on 19 Apr 19... and that death occurred on the date and hour stated above.

Duration

Immediate cause of death... Coronary Occlusion 3.0 hrs

Due to... Arteriosclerosis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations... 9/4

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

23. Signature... B. Schorkel (M. D. number)

Address... Joplin, Mo Date signed

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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 P. Sullivan

Registered Apprentice No. 99

working under my personal supervision.

Signed _____

Cecil A. Thornhill

Licensed Embalmer No. 3590

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. JuneRegistration District No. 156Primary Registration District No. 2001

Registrar's No. _____

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 _____
-
- (Specify whether _____)

In this community _____
years, months or days)3. (a) PRINT
FULL NAME Fannie Coombs3. (b) If veteran,
name war _____3. (c) Social Security
No. _____4. Sex F 5. Color of W race
6. (a) Single, widowed, married,
divorced wid6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____7. Birth date of deceased May 14
(Month) (Day) (Year)8. AGE: Years 75 Months 11 Days 10 If less than one day
_____ hr. _____ min.9. Birthplace _____
(City, town, or county) (State or foreign country)10. Usual occupation Severid11. Industry or business housewife12. Name _____
13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____
(If outside city or town limits, write "RURAL")(d) Street No. _____
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June
year 1948 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death _____

Duration

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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?

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENTARY

S-16693