. S. No. 2
M—1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 12 1948

Registration District No. 156

# MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 16699

Primary Registration District No. 200

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: 3155 Odessa
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 1 Week

2. USUAL RESIDENCE OF DECEASED:
(a) State: Kansas (b) County: Cherokee 999
(c) City or town: Galena Rural 14
(If outside city or town limits, write "RURAL")
(d) Street No. ..... 0
(If rural, give location) 2
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Daisy Belle Everett
3. (b) If veteran, name war:
3. (c) Social Security No.: None
4. Sex: Fe
5. Color or race: W
6. (a) Single, widowed, married, divorced: Widow 2
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: March (Month) 20 (Day) 1872 (Year)
8. AGE: 76 Years | Months 1 | Days 1 | If less than one day ..... hr. ..... min.
9. Birthplace: Oswego (City, town, or county) Kans (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: At Home
MOTHER FATHER
12. Name: Geo. W. Lake
13. Birthplace: Ind. (City, town, or county) (State or foreign country)
14. Maiden name: Elezabeth Lake
15. Birthplace: Dis Moins (City, town, or county) Iowa (State or foreign country)
16. (a) Informant:
(b) Address: Galena Kans.
17. (a) Removel (Burial, cremation, or removal) (b) Date thereof: 4 22 48 (Month) (Day) (Year)
(c) Place: burial or cremation: Galena Kans.
18. (a) Signature of funeral director: Poteet Funeral Home
(b) Address: Galena, Kansas
19. (a) 4-23-48 (Date received local registrar) (b) Nelson Lampkins DR. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21 year 1948 hour 10 minute 30 a M.
21. I hereby certify that I attended the deceased from April 21, 1948 to April 21, 1948 that I last saw her alive on April 21, 1948, 19.....; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Cerebral Hemorrhage | 7 Hrs |
| Due to: | |
| Due to: | |
| Other conditions (Include pregnancy within 3 months of death): | |
| Major findings: Of operations: 0 | |
| 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. B. Munson (M. D. or other) D.O.
Address: Webb City, Mo Date signed 4-22-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

48-5-417

## 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 Leonard J. Lewis Jr, Registered Apprentice No. 46, working under my personal supervision.

Signed C. H. Helge

Licensed Embalmer No. 2859

P. O. Address Webb City, 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.