S. No. 2
M—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16711

FILED JUN 12 1948

Registration District No. 156

Primary Registration District No. 200

Registrar's No.

19
2
5

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: 202 Maiden Lane 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 25 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. 202 Maiden Lane 5
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME HARMON H. JOBE

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MALE 0

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWED 7

6. (b) Name of husband or wife

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

7. Birth date of deceased February 27, 1859
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
89	1	26	hr. min.

9. Birthplace Cole County, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Miner

11. Industry or business

FATHER
12. Name No record 7
13. Birthplace
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name No record 7
15. Birthplace
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. R. H. Leach
(b) Address 2431 Virginia, Joplin, Mo

17. (a) Burial (b) Date thereof 4-26-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Black Jack Cemetery
Near Nashville, Mo

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

19. (a) 4-27-48 (b) Dolores Lampkins DR.
(Date received local registrar) (Registrar's signature) 128

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24
year 1948 hour 12:15 minute A. M.

21. I hereby certify that I attended the deceased from
April 23, 1948, to April 24, 1948,
that I last saw ~~[illegible]~~ alive on April 24, 1948,
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac decompensation	4 hrs
Due to: Chronic valvular heart disease	?
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)

While at work? (e) Means of injury 0

23. Signature Eugene H. Hamilton (Dr. or other) MD
Address Joplin Mo Date signed 4-26-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

48-5-424

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.