

U.S. No. 300
 50M-10-47
 Rev. 5-17-39
 I 3906

FEDERAL BUREAU OF STATISTICS
 National Office of Vital Statistics
FILED JUN 12 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **16717**
 Registrar's No. _____

Registration District No. **136**

Primary Registration District No. **9001**

WRITE PLAINLY—USE 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: **St. Johns Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **47 Days**
(Specify whether years, months or days)

In this community **5 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. **611 Connor**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Patsy Hazel Laramore**

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

4. Sex **Fe** / 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 **January 16 1902**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
46	4	19	hr. _____ min. _____

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

10. Usual occupation **Beauty Operator**

11. Industry or business **Beauty Shops**

12. Name **John Williams**

13. Birthplace **Nashville Tenn**
(City, town, or county) (State or foreign country)

14. Maiden name **Nancy Peters**

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

16. (a) Informant **Carla Lou Laramore**

(b) Address **611 Connor**

17. (a) **Removal** (Burial, cremation, or removal) (b) Date thereof **5-27-48**
(Month) (Day) (Year)

(c) Place: burial or cremation **Miami Oklahoma**

18. (a) Signature of funeral director **THORNHILL - Dillon**

(b) Address **Joplin Mo**

19. (a) **5-26-48** (Date received local registrar) (b) **Delores Sampkins** (Registrar's signature) **5-25-48**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **5** day **25** year **1948** hour **8** minute _____ A. M.

21. I hereby certify that I attended the deceased from **April 1 1948** to **May 25 1948** that I last saw her alive on **May 24 1948** and that death occurred on the date and hour stated above.

Immediate cause of death **retinal clot due gangrene**

Due to **metastatic thrombosis**

Due to _____

Other conditions **9915**
(Include pregnancy within 3 months of death)

Major findings: Of operations **metastatic thrombosis**
terminal thrombosis

Of autopsy _____

PHYSICIAN
 Underline the cause to 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? _____

While at work? _____ (Specify type of place) _____ (Specify type of place) _____
 Signature **Delores Sampkins** (M. D. or other) _____
 Address **2150 1/2 St. Joplin Mo.** Date signed **5-25-48**

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

Cecilia Shambell

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.