S. No. 2
M—1/47
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. 16719

FILED JUN 12 1948

Registration District No. 736 Primary 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: 1729½ Main
(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: 18 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.: 1729½ Main Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: LOMA C. McCASLIN
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: FEMALE
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: WIDOW
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: 1 (Month) 6 (Day) 1892 (Year)

8. AGE: Years	Months	Days	If less than one day
56	5	0	hr. min.

9. Birthplace: Granby, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
MOTHER FATHER
12. Name: Joe Nunn
13. Birthplace: No Record (City, town, or county) (State or foreign country)
14. Maiden name: Nancy Bertram
15. Birthplace: No Record (City, town, or county) (State or foreign country)
16. (a) Informant: Joe McCaslin
(b) Address: 1504 Kentucky, Joplin, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5-10-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Granby, Missouri
18. (a) Signature of funeral director: PARKER-HUNSAKER
(b) Address: 1502 Joplin, Joplin, Mo.
19. (a) 5-8-48 (Date received local registrar) (b) Dolores Langkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6th day MAY 7 year 1948 hour 4 O'clock P. M.
21. I hereby certify that I attended the deceased from 4-27, 1948, to 5-6, 1948; that I last saw h. alive on 5-6, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Heart & Respiratory failure.	
Due to: Metastatic carcinoma	
Due to: carcinoma uterus	
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
23. Signature: [illegible] (M. D. or other)
Address: Joplin, Mo. Date signed 5/7/48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

48-5-444

JUN 14 1948
1340

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.