S. No. 2
1—1/47
. 5-17-39

WHITE 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. 17054

FILED JUN 12 1948

Registration District No. 136246 Primary Registration District No. 200 Registrar's No.

1. PLACE OF DEATH:
(a) County Newton
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 44th and Indiana
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 week (Specify whether
In this community 12 Years years, months or days)

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. 1122 Moffet
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Anna M Kaumans
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 John
6. (c) Age of husband or wife if alive years
7. Birth date of deceased January 5, 1874 (Month) (Day) (Year)

8. AGE: Years 74 Months 3 Days 8 If less than one day hr. min.

9. Birthplace Damisville (Clinton County) (City, town, or county) I (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Martin Heiman
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Marcellus Kaumans
(b) Address 1008 W 2nd, Joplin, Mo.
17. (a) Burial Removal (Burial, cremation, or removal) (b) Date thereof April 14, (Month) (Day) (Year)
(c) Place: burial or cremation Montrose, Missouri
18. (a) Signature of funeral director Thornhill-Dillon Mort.
(b) Address 305 West 4th, Joplin, Missouri
19. (a) 4-16-48 (Date received local registrar) (b) Dorothy Landrum (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 13
year 1948 hour 8 minute 00 P. M.
21. I hereby certify that I attended the deceased from March 17 1948 to April 2 1948
that I last saw her alive on April 2 1948
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocardial Failure prior to	3-17-48
Due to Chronic Myocarditis and Arterial Hypertension prior to	3-17-4
Due to Cerebral Hemorrhage with paralysis to right side prior	3-17-48

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
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 (M. D. or other)
Address Joplin, Mo. Date signed 4-14-48

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

48-5-477

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 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.