No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 15 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19835

Registration District No. 136 | 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: 504 Empire St. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community: 37 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jasper 49
(c) City or town: Joplin (If outside city or town limits, write "RURAL") 2
(d) Street No. 504 Empire (If rural, give location) 5
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME: Caldona Durfield
3. (b) If veteran, name war: No
3. (c) Social Security No.: —
4. Sex: Female
5. Color or race: White
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: July (Month) 18 (Day) 1876 (Year)

8. AGE: Years 71 | Months 10 | Days 22 | If less than one day hr. min.

9. Birthplace: Knoxville (City, town, or county) Tenn (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: —
MOTHER FATHER
12. Name: George Allison
13. Birthplace: Tenn. (City, town, or county) (State or foreign country)
14. Maiden name: Sarah Hilton
15. Birthplace: Tenn. (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Earnest Sams
(b) Address: 504 Empire
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JUNE 12, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation FOREST PARK, JOPLIN
18. (a) Signature of funeral director: Hurlbut Glover
(b) Address: 422 Sergeant Ave. Joplin
19. (a) 6-11-48 (Date received local registrar) (b) Doris Lampkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10 year 1948 hour 5:15 minute A M.
21. I hereby certify that I attended the deceased from Dec. 19, 1947, to June 10, 1948, that I last saw her alive on June 9, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypostatic pneumonia	2 days
Due to: Cerebral hemorrhage	hrs.
Due to: Hypertention	8 yrs
Other conditions (include pregnancy within 3 months of death):	
Major findings: Of operations: X	
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: O. T. Blanke (M. D. or other) MD
Address: 607 Main, Joplin, Mo. Date signed 6-10-48

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

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

48-6-551

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 Dale Glover Registered Apprentice No. 87 working under my personal supervision.

Signed Perry K. Hurlbut

Licensed Embalmer No. 959

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.

. No. 2B
M—3-45
P I X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. July

Registration District No. 156 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:

(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

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Caldena Duffield

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 Wid

6. (b) Name of husband or wife

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

7. Birth date of deceased July 18 1875
(Month) (Day) (Year)

8. AGE: Years 71 Months 12 Days 22 If less than one day hr. min.

9. Birthplace Tenn
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace
(City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) 6-11-48 (Date received local registrar) (b) Dolores Lampkin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month year 1948 hour minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw him alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

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?
(Specify type of place)

While at work? (e) Means of injury

20. Signature (M. D. or other)

Address Date signed

SUPPLEMENTARY

S-19835