

S. No. 309
M-10-47
v. 5-17-39
I 3906

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19837

FILED JUL 15 1948

Registration District No. 26

Primary Registration District No. 200

Registrar's No. _____

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:
204 St Charles 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 LIFETIME
years, months or days

3: (a) PRINT FULL NAME LORILDIA JANE DUNAWAY

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, WIDOWED

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

7. Birth date of deceased July 24 1869
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>10</u>	<u>23</u>	hr. _____ min. _____

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

10. Usual occupation Retired

11. Industry or business _____

12. Name Jack Smith

13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Crume

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ardena Lewis

(b) Address 204 St Charles, Joplin, Mo.

17. (a) Burial (b) Date thereof 6-19-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Park, Joplin, Mo

18. (a) Signature of funeral director Parker-Hunsaker

(b) Address 1502 Joplin, Joplin Missouri

19. (a) 6-28-48 (b) Delores Sampson
(Date received local registrar) (Registrar's signature)

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. 204 St Charles
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17
year 1948 hour 11 minute A. M.

21. I hereby certify that I attended the deceased from April 21, 1948
_____, 19____, to June 17, 1948
that I last saw her alive on June 17, 1948, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute heart failure

Due to Carcinoma of stomach

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

Duration

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)
(e) Means of injury _____

Signature J.P. [unclear] (M.D. or other)

Address 521 W 5th Joplin, Mo Date signed 6/19/48

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 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.