S. No. 300
M—10-47
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26774

FILED SEP 8 1948

Registration District No. 36

Primary Registration District No. 2001

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: 1408 Minnesota
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether
In this community 2 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Joplin 2
(If outside city or town limits, write "RURAL")

(d) Street No. 1408 Minnesota 5
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME Bertie May Cash

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 married

6. (b) Name of husband ~~or wife~~ Lawerence Cash | 6. (c) Age of husband or wife if alive 23 years

7. Birth date of deceased June (Month) 18th (Day) 1928 (Year)

8. AGE: Years 22 | Months 2 | Days 12 | If less than one day ____ hr. ____ min.

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

10. Usual occupation Housewife

11. Industry or business

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

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

16. (a) Informant Mrs Clarence Parsons
(b) Address 410 Wall St Joplin Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9/2/48 (Month) (Day) (Year)
(c) Place: burial or cremation Baxter Springs, Kan.

18. (a) Signature of funeral director Thornhill-Dillon Mortuary
(b) Address 4th, Wall St Joplin Mo

19. (a) 9-1-48 (Date received local registrar) Edd James (Registrar's signature) by Dolores Lampkin DC

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 31 year 1948 hour 12 minute 25 A M.

21. I hereby certify that I attended the deceased from Aug 28 48, 19__, to Aug 30 48, 19__; that I last saw her alive on Aug 30 41, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary TBC	???
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

23. Signature G. L. Crawford (M. D. or other)

Address Joplin Mo Date signed 8/31/48

138-0 (Licensed Embalmer's Statement on Reverse Side)

48-8-754

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 Jesse O Sullins, Registered Apprentice No. 99, 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.