No. 300
M—10-47
5-17-39
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 17 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26786

Registration District No. 156 Primary Registration District No. 2001 Registrar's No.

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

9
2
5

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: ST JOHN'S HOSPITAL 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community 22 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. 517 Byers 5 (If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME NANNIE C. JONES
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 2
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased NOVEMBER (Month) 11, (Day) 1865 (Year)

8. AGE:

Years	Months	Days	If less than one day
82	8	21	hr. min.

9. Birthplace Elmira, (City, town, or county) Kentucky (State or foreign country) 1
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Wm. Thomas Parks
13. Birthplace no record (City, town, or county) (State or foreign country) 9
MOTHER
14. Maiden name Mary Robinson
15. Birthplace no record (City, town, or county) (State or foreign country) 9
16. (a) Informant Mrs. Mable Hallom
(b) Address Inyokern, Calif
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-6-48 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Hope, Joplin, Mo
18. (a) Signature of funeral director Parker-Hunsaker
(b) Address 1502 Joplin, Joplin, Mo
19. (a) 8-6-48 (Date received local registrar) (b) Dolores Lampkins D.R. (Registrar's signature) 138

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 2 year 1948 hour 11 minute A. M.
21. I hereby certify that I attended the deceased from 3-24, 1948 to 8-2, 1948; that I last saw her alive on 8-2-48, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Ruptured Cancer large bowel	12 hrs
Due to Cancer	2
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Cancer sigmoid c̄ purulent peritonitis c̄ erosion into uterus

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 B Phoebel (M. D. or other)
Address Fresco Bldg Date signed 4 Aug 48

(Licensed Embalmer's Statement on Reverse Side)

48-6-679

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. 7319

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.