

No. 300
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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **30102**

FILED OCT 1 1948
Registration District No. **756**

Primary Registration District No. **2001**

Registrar's No. _____

19
2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH

(a) County Jasper

(b) City or town Joplin, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: General Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 25 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County 977

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

(d) Street No. 304 E. 12th
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME VERNA CANADAY

3. (b) If veteran, ✓ name war _____

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 19 year 2 hour 30 minute A.M.

21. I hereby certify that I attended the deceased from Sept 1, 1948, to Sept 19, 1948, that I last saw her alive on Sept 19, 1948 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased: Feb 25 1874
(Month) (Day) (Year)

Immediate cause of death Heart & Respiratory failure

Due to Hepatitis

Due to Liver cyst cholecystitis

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

8. AGE: Years 74 Months 6 Days 24 If less than one day _____ hr. _____ min.

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

10. Usual occupation Clerk

11. Industry or business Telephone & Banking

12. Name Unknown 9

13. Birthplace " 1
(City, town, or county) (State or foreign country)

14. Maiden name Unknown 1

15. Birthplace " 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ben Hopkins

(b) Address Baxter Spgs. Kansas

17. (a) Removal Removal (b) Date thereof 9-19-48
(Burial, cremation, or removal) (Monthly) (Day) (Year)

(c) Place: burial or cremation: Baxter Spgs. Kansas

18. (a) Signature of funeral director Glossou, Theumathe, mortuary

(b) Address Baxter Spgs. Kansas

19. (a) 9-21-48 Ed. J. Jones
(Date received local registrar) (By)

PHYSICIAN

Major findings: Cholecystitis
Of operations Cyst of liver, Hepatitis

Of autopsy _____

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 2

23. Signature W. H. Humber (M. D. or other) ✓
Date signed 9/24/48

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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 Rev. J. Shuman
Kansas Licensed Embalmer No. 1998
P. O. Address Baxter Spg. Kansas

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..