No. 300
1—10-47
5-17-39
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 22 1948

Registration District No. 956

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30113

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:
315 Comingo Street
(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 Months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State OKLAHOMA (b) County OTTOWA 997

(c) City or town MIAMI 24
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? NO (Yes or No) 2

If yes, name country

3. (a) PRINT FULL NAME ANNA BELL DYKES

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 MAY (Month) 11 (Day) 1865 (Year)

8. AGE:

Years	Months	Days	If less than one day
83	4	2	hr. min.

9. Birthplace INDIANA 1
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

FATHER
12. Name BURL WORLEY
13. Birthplace NO RECORD 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name NO RECORD
15. Birthplace 4
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. ALICE HOSIER
(b) Address JOPLIN, MISSOURI

17. (a) REMOVAL (b) Date thereof 9-13-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation MIAMI, OKLAHOMA

18. (a) Signature of funeral director V. D. COOPER
(b) Address MIAMI, OKLAHOMA

19. (a) 9-17-48 (b) Ed D. James
(Date received local registrar) (Registrar's signature)
Dolores Pumpkin Dr
138-0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPTEMBER day 13
year 1948 hour minute M.

21. I hereby certify that I attended the deceased from 9-13-48, 19, to 9-13-48, 19;
that I last saw her alive on 9-13-48, 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Gangrene	5 days
Due to Strangulated Inguinal Hernia	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 122a

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 2

23. Signature Dr Roy T. Freeman M.
(Name of other)
Address Joplin Mo Date signed 9-14-48

(Licensed Embalmer's Statement on Reverse Side)

48-9-782

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.