S. No. 2
M—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 8 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30116

Registration District No. 136 Primary Registration District No. 2001 Registrar's No.

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: JOPLIN GENERAL 0
(If not in hospital or institution, write street, number or location)
(d) Length of stay: In hospital or institution 1 hour (Specify whether
In this community 30 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Newton 49
(c) City or town Joplin 2
(If outside city or town limits, write "RURAL")
(d) Street No. 58th. & Range Line 5
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME ALICE THELMA EMMONS
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex FEMALE 1
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED 1
6. (b) Name of husband or wife ROSS EMMONS
6. (c) Age of husband or wife if alive years
7. Birth date of deceased JULY (Month) 29 (Day) 1899 (Year)

8. AGE:

Years	Months	Days	If less than one day
49	1	23	hr. min.

9. Birthplace Ft Scott, Kansas 1
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Harry Ebersole 1
13. Birthplace Canton, Ohio
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Irene Manning
15. Birthplace Kansas 1
(City, town, or county) (State or foreign country)
16. (a) Informant Ross Emmons
(b) Address Box 27, Saginaw, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-25-48 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Park
18. (a) Signature of funeral director Parker-Hunsaker
(b) Address 1502 Joplin Joplin, Mo
19. (a) 9-28-48 (Date received local registrar) (b) Carl James by Dorothy Lampkins D.R. (Licensed Embalmer's Statement on Reverse Side)
138 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 22
year 1948 hour 11 minute P M.
21. I hereby certify that I attended the deceased from 9-22-48
19, to 9-22-48, 19;
that I last saw her alive on 9-22-48, 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	3 hrs
Due to: Hypertension	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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 Ray F. Freeman M.D. (M. D. or other)
Address Joplin Mo Date signed 9-24-48

Jefferson City Printing Co.

48-9-821

OCT 19 1946

OCT 21 1946

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. 2819

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.