S. No. 300
OM—10-47
ev. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 8 1948

Registration District No. 136

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30140

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: St. John's Hosp. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 hour (Specify whether years, months or days)
In this community: (visiting)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Okla. (b) County: Ottawa
(c) City or town: Commerce (If outside city or town limits, write "RURAL")
(d) Street No.: — (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: LAVINA ELIZABETH ROUSH
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: —
6. (c) Age of husband or wife if alive: — years
7. Birth date of deceased: April (Month) 23 (Day) 1867 (Year)
8. AGE: Years 81 Months 5 Days 4 If less than one day: hr. min.
9. Birthplace: Omaha (City, town, or county) Neb. (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: —
12. Name (Father): William Beach
13. Birthplace (Father): Louisville, Ken. (City, town, or county) (State or foreign country)
14. Maiden name (Mother): Eliza Funk
15. Birthplace (Mother): Peoria, Ill. (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. John Coulson
(b) Address: 3115 Pearl Ave., Joplin
17. (a) Cremated (Burial, cremation, or removal) (b) Date thereof: Sep 29 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Oakmen Park, Jopl.
18. (a) Signature of funeral director: Mitchellson Funeral Home
(b) Address: Commerce, Okla.
19. (a) 9-28-48 (Date received local registrar) (b) Signature: Elb Ralph Hampton
(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 27 year 1948 hour 9 minute 45 P. M.
21. I hereby certify that I attended the deceased from 9-27-48 only, 19..., to ..., 19...; that I last saw her alive on 9-27-48, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cornnary occlusion	12 hr.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 0 4 1
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: 0
23. Signature: B. Carlton (M. D.)
Address: 420 Jackson, Joplin, Mo Date signed: 9-28-48

48-9-833

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 Dale Glover

Licensed Embalmer No. 45-93

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.