

No. 300
-10-47
5-17-39
PI 3906

UNITED STATES DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

33248

FILED NOV 12 1948 56

State File No. _____

Registration District No. _____ 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: General Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 years (Specify whether years, months or days)

In this community _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 816 West A Street
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3: (a) PRINT FULL NAME LOLA FLORETTA BARNETT

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race W

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

6. (b) Name of husband or wife Fred BARNETT

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased August 4m 1914
(Month) (Day) (Year)

8. AGE: Years 34 Months 2 Days 22 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Lon Knox

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

14. Maiden name Willie Beck

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

16. (a) Informant Fred Barnett

(b) Address 816 West A Street Joplin

17. (a) Removal (b) Date thereof Oct 27 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Muskogee Okla.

18. (a) Signature of funeral director Thorn Kill-Dillon Mort

(b) Address 305 West 4th St. Joplin, Mo.

19. (a) 10-28-48 (b) Eda James
(Date received local registration) (Name of Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 26th year 1948 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from May 1946 _____, 19____, to Oct 26, 1948, 19____; that I last saw her alive on Oct 26, 1948, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Heart and respiratory failure

Due to Metastatic carcinoma of lungs

Due to Carcinoma of cervix and uterus

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

Major findings: Of operations H/O

Of autopsy _____

Duration _____

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? _____

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature W. E. Skinker (M.D. or other) _____

Date signed 10/26/48

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

MOTHER FATHER

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 *William M. Dungey*
Licensed Embalmer No. *35600*
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.