FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 12 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33261

Registration District No. 56 | 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: Freeman Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 1 month

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jasper 49
(c) City or town: Joplin 25
(If outside city or town limits, write "RURAL")
(d) Street No.: 120 North Pearl 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Joann Elizabeth Ellichman
3. (b) If veteran, name war: no
3. (c) Social Security No.: none

4. Sex: F. 1
5. Color or race: W.
6. (a) Single, widowed, married, divorced: infant 0
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: September (Month) 21 (Day) 1948 (Year)

8. AGE: Years --. Months 1. Days 3. If less than one day: hr. min.

9. Birthplace: Joplin, (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation: infant
11. Industry or business:

MOTHER / FATHER
12. Name: Joe Ellichman 0
13. Birthplace: Joplin, (City, town, or county) Missouri (State or foreign country)
14. Maiden name: Addie Wardell
15. Birthplace: Pittsburg, (City, town, or county) Kansas (State or foreign country) 1

16. (a) Informant: Father — Joe Ellichman
(b) Address: Joplin, Missouri
17. (a) buriall (Burial, cremation, or removal) (b) Date thereof: 10/26/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Ozark Memorial
18. (a) Signature of funeral director: Hedge-Lewis
(b) Address: Webb City, Mo.
19. (a) 10-25-48 (Date received local registrar) (b) Ed D. Simmons (Registrar's signature)
My Deloris Simmons

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 24 year 1948 hour 3 minute A. M.

21. I hereby certify that I attended the deceased from September 21, 1948 to October 24, 1948 that I last saw her alive on October 23, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchio-pneumonia	1 wk
Due to: Meningitis obstructive type	2 wks
Due to: Coryza ~~Chronic~~ Acute	3 wks
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: None 0
Of autopsy: None

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): no
(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: Omal J. Needles (M. D. or other)
Address: Webb City Mo. Date signed: Oct. 25, 1948

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

138-1

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

48-11-900

Needed

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 C. W. Hedge

Licensed Embalmer No. 2859

P. O. Address Webb City, M

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.