

No. 300
-10-47
5-17-39
WI 1306

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37080

FILED NOV 23 1948

Registration District No. 132

Primary Registration District No. 8001

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:
St John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 14 Years 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 Richmond Road
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3: (a) PRINT FULL NAME Fanny Benedict

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 Widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased November 9th, 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 0 3 hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Hugh Nixon

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

14. Maiden name Catherine Mills

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

16. (a) Informant Mrs Sally Taaffe

(b) Address 816 Richmond Rd. Joplin, Mo.

17. (a) Burial (b) Date thereof Nov. 16, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
Bellefontaine Cemetery St. Louis, Mo.
(c) Place: burial or cremation

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

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

19. (a) 11-15-48 (b) Flora Deagle
(Date received local registrar) (Signature)
138 = 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 13th
year 1948 hour 9:15 minute A. M.

21. I hereby certify that I attended the deceased from Nov 13 1948
to Nov 13 1948
that I last saw her alive on Nov 13 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary heart disease
Pulmonary edema
Due to Hypertension
Arteriosclerosis
Duration 3 hrs
8 hrs
years
year

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

Major findings: g/y
Of operations _____
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?

While at work? _____ (Specify type of place)
(e) Means of injury _____
Signature Virgil E. Deane (M. D. or other) _____
Address Joplin, Mo. Date signed 11-15-48

48-11-967

JAN 28 1967

JAN 28 1967

FEB 01 1967

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.....

Jesse O Sullivan

Registered Apprentice No. *77*

working under my personal supervision.

Signed

Orlando M. Denny

Licensed Embalmer No. *563566*

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.