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FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics  
FILED DEC 4 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

37095

State File No. ....

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. ....

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

49  
2  
5

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:  
522 Connor Ave. /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community 12 Years (Specify whether \_\_\_\_\_ years, months or days)

3: (a) PRINT FULL NAME Jennie V. Hawkins

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

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 Feb. 6 1868  
(Month) (Day) (Year)

8. AGE: Years 80 Months 9 Days 14 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Fremont Ohio  
(City, town, or county) (State or foreign country)  
Housewife

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Unknown 9

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

14. Maiden name Unknown 9

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

16. (a) Informant Mrs. James Giles

(b) Address 718 McCainley, Joplin, Mo.

17. (a) BURIAL (b) Date thereof 11-24-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cem, Joplin

18. (a) Signature of funeral director Hurlbut Glover

(b) Address 422 Sergeant Ave. Joplin

19. (a) 11-22-48 (Date received local registrar) Edw. James (Name of registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Joplin 2  
(If outside city or town limits, write "RURAL")

(d) Street No. 522 Connor Ave., 5  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 0

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 20  
year 1948 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_; that I last saw him/her alive on \_\_\_\_\_ 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral

Due to myocarditis

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 938

Of autopsy \_\_\_\_\_

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) \_\_\_\_\_

23. Signature Edw. James (Name of registrar)

Address 5114 Joplin Date signed 11/24/48

23. Signature Edw. James (Name of registrar)

Address 5114 Joplin Date signed 11/24/48

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**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.....

*William E. Freer*, Registered Apprentice No. *283*,  
working under my personal supervision.

Signed *Dale Glover*

Licensed Embalmer No. *4593*

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.**