. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 37121

FILED NOV 23 1948

Registration District No. 156 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: Casey Nursing Home 4 2 yrs. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Nursing Home (Specify whether
In this community 65 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jasper 49
(c) City or town Joplin 2 (If outside city or town limits, write "RURAL") 5
(d) Street No. 202 Maiden Lane 1 (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME NANCY E. THOMAS
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife J. B. Thomas
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 2 (Month) 14 (Day) 1849 (Year)

8. AGE: Years 99 Months 8 Days 25 If less than one day hr. min.

9. Birthplace Uniontown (City, town, or county) N. Carolina (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name S. D. Phillips 9
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Cellin 7
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Johnie Williams
(b) Address Joplin Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-10-1948 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Joplin - Fairview
18. (a) Signature of funeral director J. O. Derfelt
(b) Address Galena Kansas
19. (a) 11-9-48 (Date received local registrar) (b) Edw James by Delores Lamphin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 8 year 1948 hour 10 minute A M.
21. I hereby certify that I attended the deceased from 11-6- 1948 to 11-7 1948 that I last saw him alive on 11-7- 1948 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Cardiac exhaustion | |
| Due to Senility | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| Of autopsy | |

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)
(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 W. S. Loveland (M. D. or ~~other~~)
Address Joplin Mo E.S. Date signed 11-9-48

Jefferson City Printing Co. 138-0 (Licensed Embalmer's Statement on Reverse Side)

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

48-11-969

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 DERFELT-BOOE FUNERAL HOME, Registered Apprentice No. _____, working under my personal supervision.

Signed Kenneth S. Heff

Kansas Licensed Embalmer No. 2272

P. O. Address Galena, Kansas

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.