

No. 300
1-10-47
5-17-39
I 3906

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

37140

State File No. _____

FILED DEC 8 1948

Registration District No. 155

Primary Registration District No. 5578

Registrar's No. 172

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

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin Twp; RURAL
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2702 Salem 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 45 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 2702 Salem Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME Edmonia Frances JONES

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 December 28th. 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

72 11 2 hr. _____ min.

9. Birthplace Big Bend West Virginia
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Lemuel E. Ferrell

13. Birthplace Big Bend West Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Rachell Rogers

15. Birthplace Big Bend West Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Kathleen Hayes

(b) Address Cartersville, Missouri

17. (a) Burial (b) Date thereof Dec. 2, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cartersville Cemetery

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

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

19. (a) DEC. 3. 48 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 30th
year 1948 hour 2:45 minute P. M.

21. I hereby certify that I attended the deceased from 10-23, 1948 to 11-30, 1948
that I last saw her alive on 11-30, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to _____

Due to _____

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

Major findings: Of operations _____

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) (b) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address W. B. Carter Date signed 12/3/48

(Licensed Embalmer's Statement on Reverse Side)

MOTHER, FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

MAR 2 1951

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. 99

working under my personal supervision.

Signed

Edmund M. Dunning

Licensed Embalmer No. 3568

P. O. Address Opolis 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.