

FILED AUG 15 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 23830

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2004 Registrar's No. 330

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY Jasper   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE Missouri b. COUNTY Jasper |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin  |  |
| c. LENGTH OF STAY (in this place) 25 Yrs  |  | d. STREET ADDRESS (If rural, give location) 1411 Furnace   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 1   |  |  |  |

|   |                          |  |   |  |                                      |
|---|--------------------------|--|---|--|--------------------------------------|
| 3. NAME OF DECEASED<br>a. (First) Sofronia b. (Middle) Ellen c. (Last) Bass                           |                          |  | 4. DATE OF DEATH (Month) (Day) (Year) July 27, 1949 |  |                                      |
| 5. SEX Female 3   | 6. COLOR OR RACE Colored | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widowed | 8. DATE OF BIRTH Feb 4, 1866                        | 9. AGE (In years last birthday) 83                             | 10. IF UNDER 1 YEAR Months 5 Days 23 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife |                          | 10b. KIND OF BUSINESS OR INDUSTRY                    |   | 11. BIRTHPLACE (State or foreign country) Linn Creek, Missouri |                                      |
| 12. CITIZEN OF WHAT COUNTRY? USA  |                          |  |   |  |                                      |

|                                   |                                      |                             |
|-----------------------------------|--------------------------------------|-----------------------------|
| 13a. FATHER'S NAME Marion Whitian | 13b. MOTHER'S MAIDEN NAME Rose Brown | 14. NAME OF HUSBAND OR WIFE |
|-----------------------------------|--------------------------------------|-----------------------------|

|  |                         |  |
|--|-------------------------|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME Mrs Jessie Beasley, 1411 Furnace |
|--|-------------------------|--|

|   |   |      |  |
|---|---|------|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION   |      | INTERVAL BETWEEN ONSET AND DEATH 8 yrs |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral embolism  |      |  |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br><br>DUE TO (c) _____ |      |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |   | 332X |  |

|                        |                                  |  |
|------------------------|----------------------------------|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|------------------------|----------------------------------|--|

|   |  |   |
|---|--|---|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)              | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)               | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR?                      |

22. I hereby certify that I attended the deceased from July 20, 1949, to July 27, 1949, that I last saw the deceased alive on July 25, 1949, and that death occurred at 7 AM, from the causes and on the date stated above.

|  |                          |                          |
|--|--------------------------|--------------------------|
| 23a. SIGNATURE J. Hamilton, M.D. (Degree or title) | 23b. ADDRESS Joplin, Mo. | 23c. DATE SIGNED 7-28-49 |
|--|--------------------------|--------------------------|

|  |                   |   |   |
|--|-------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL Burial | 24b. DATE 7-29-49 | 24c. NAME OF CEMETERY OR CREMATORY Parkway Cem. | 24d. LOCATION (City, town, or county) (State) Joplin, Mo. |
|--|-------------------|---|---|

|                                  |  |  |
|----------------------------------|--|--|
| DATE REC'D BY LOCAL REG. 7-30-49 | REGISTRAR'S SIGNATURE James B. [Signature] | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Parker-Hunsaker Mortuary, Joplin, Mo. |
|----------------------------------|--|--|

(Licensed Embalmer's Signature on Reverse Side)

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

49  
2  
5

RECEIVED 8-9-49

Jasper County Health Office

County File Number 49-7-592

Date Filed 8-13-49

---

---

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed F. M. Jones

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 2319

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.