

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

2994

State File No. _____

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. _____

49
2
5
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
 (a) County Jasper
 (b) City or town Joplin
 (c) Name of hospital or institution 2211 Main St
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 weeks
 (Specify whether years, months or days)

3. (c) PRINT FULL NAME Fannie Belle Thomison

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Fem 5. Color or race White

6. (a) Name of husband or wife Albert Thomison 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Jul. 14, 1867
 (Month) (Day) (Year)

8. AGE: Years <u>73</u>	Months <u>6</u>	Days <u>1</u>	If less than one day hr. _____ min. _____
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9. Birthplace North Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation house wife

11. Industry or business None

12. Name Jake Kanatzar

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

14. Maiden name Melvina Bogie

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

16. (a) Informant Admes E White
 (b) Address 2211 Main St. Joplin Mo

17. (a) Burial (b) Date thereof Jan. 17, 41
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cem.

18. (a) Signature of funeral director Hurlbut Und. Co;
 (b) Address Joplin Mo;

19. (a) 1-17-41 (b) Ed Dorman
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Oklahoma (b) County OSAGE
 (c) City or town Pawhuska Okla.
 (If outside city or town limits, write "RURAL")
 (d) Street No. 310 W. 5th St
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? No 2 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. 15, 1941.
 year _____ hour 5-40 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from Jan 3, 1941, to Jan 15, 1941;
 that I last saw her alive on Jan 15, 1941;
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Generalized arterio-sclerosis

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

Major findings: Of, operations none
 Of autopsy none

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) no
 (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?
372 (Specify type of place)

While at work? _____ (e) Means of injury _____
 23. Signature Herman A de Forest M. D. county _____
 Address 607 Main Joplin Mo Date signed 1-17-41

999
54
0

Duration
1 day
years

PHYSICIAN
Underline the cause to which death should be charged statistically.

41-2-165

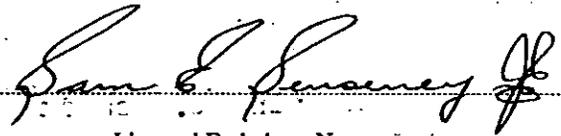
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....



.....
Licensed Embalmer No.....

P. O. Address.....

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.