

20773

State File No. _____

FILED JUN 21 1946

Registration District No. 15 Primary Registration District No. 2001 Registrar's No. _____

1. PLACE OF DEATH:
 (a) County Jasper
 (b) City or town Joplin
 (c) Name of hospital or institution:
320 Winfield,
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 25 years
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jasper
 (c) City or town Joplin
 (d) Street No. 320 Winfield,
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Anna P. Stafford
 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 December 18, 1883
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>	<u>5</u>	<u>4</u>	hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name M. B. Garrison

13. Birthplace Texas County, Missouri
 (City, town, or county) (State or foreign country)

14. Maiden name Martha Wetson

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

16. (a) Informant Mrs. Cordelia Atkinson
 (b) Address 2303 West 4th, Joplin, Mo.

17. (a) Burial (b) Date thereof 5-24-46
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Webb City Cemetery, W. C. Mo.

18. (a) Signature of funeral director Parker-Hunsaker
 (b) Address 1502 Joplin, Joplin, Mo.

19. (a) 5-28-46 (b) Ed Stoney
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22
 year 1946 hour 5 minute P M.
 21. I hereby certify that I attended the deceased from April 1946
 _____, 19____ to May 22, 1946
 that I last saw h. er alive on May 22, 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration _____

Due to _____

Due to _____

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

Major findings:
 Of operations _____
 Of autopsy _____

PHYSICIAN

 Underline the cause to 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? _____

(e) Means of injury _____ (Specify type of place)
 While at work? _____

23. Signature W. E. Deaney (M. D. or other) _____
 Address 311 W. 11th St. Joplin, Mo. Date signed 5-25-46

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

19
2
5

13045

46-5-485

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

F. M. Jones

Licensed Embalmer No.

7319

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.