—1/47
5-17-39

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

National Office of Vital Statistics

FILED AUG 6 1947

Registration District No. 1

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2001

State File No. 24548

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: Freeman Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 5 days (Specify whether years, months or days)

In this community: 3 weeks

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jasper

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

(d) Street No.: 1627 Pennsylvania
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Joyce Elaine Corp

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: child 0

6. (b) Name of husband or wife:

6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: May 25, 1947 (Month) (Day) (Year)

8. AGE: Years 0 | Months 0 | Days 26 | If less than one day: hr. min.

9. Birthplace: Joplin, Missouri 0 (City, town, or county) (State or foreign country)

10. Usual occupation:

11. Industry or business:

FATHER
12. Name: Robert Corp
13. Birthplace: Joplin (City, town, or country) (State or foreign country)

MOTHER
14. Maiden name: Della Pearl Hymer
15. Birthplace: Springfield, Missouri 0 (City, town, or county) (State or foreign country)

16. (a) Informant: Mr. Robert Corp
(b) Address: 1627 Pennsylvania, Joplin, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6-23-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Osborn Memorial

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

19. (a) 6-26-47 (Date received local registrar) (b) Adolores Lampkin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20 year 1947 hour 4:30 minute P. M.

21. I hereby certify that I attended the deceased from June 15, 1947 to June 20, 1947 that I last saw he alive on June 20, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchio Pneumonia	4 Days
Due to: [redacted] (Sm.)	[redacted]
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 1	
Of autopsy: 0	

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:

23. Signature: Ernest Mitchell (M. D. or other) MD

Address: Joplin Mo. Date signed 6-25-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

H7-7-621

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. 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.