S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 3 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28071

Registration District No. 157 | Primary Registration District No. 3028 | Registrar's No. 186

49
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County: Jasper

(b) City or town: Carthage
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 427 Wooster St.,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 30 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jasper 49

(c) City or town: Joplin
(If outside city or town limits, write "RURAL") 0

(d) Street No.: Route #2 Joplin, Mo. 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: Agnes Drusilla STEMMONS

3. (b) If veteran, name war: No

3. (c) Social Security No.: 499-22-1726

4. Sex: F

5. Color or race: W

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Charles O. Stemmons

6. (c) Age of husband or wife if alive: 60 years

7. Birth date of deceased: January (Month) 29 (Day) 1898 (Year)

8. AGE: Years 49 | Months 6 | Days 28 | If less than one day ..... hr. ..... min.

9. Birthplace: Willow Springs, Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business:

FATHER
12. Name: Henry E. Smith
13. Birthplace: Bowling Green, Ky. 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Katie Kerby
15. Birthplace: Carrolton, Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant: Mr. Charles O. Stemmons
(b) Address: Route #2 Joplin, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8 30 47 (Month) (Day) (Year)
(c) Place: burial or cremation: Oak Hill Cemetery

18. (a) Signature of funeral director: Ed. C. Ulmer
(b) Address: Carthage, Mo.

19. (a) 8-29-47 (Date received by local registrar) (b) L. B. Clinton (Registrar's signature) 139

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 28th. year 1947 hour 3:00 minute P. M.

21. I hereby certify that I attended the deceased from 8-12-47 to 8-28-47, 19.. that I last saw her alive on 8-28, 19.47 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Nephritis	
Due to: Myocardial failure	
Due to:	
Other conditions (include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy: 132	

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: 0

23. Signature: [illegible] (M. D. or other) M.D.

Address: Carthage, Mo. Date signed 8-29-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

4 7-8-209

MAY 12 1958

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 Marion G. McCamish, Registered Apprentice No. 17, working under my personal supervision.

Signed Gene. C. Pugh.

Licensed Embalmer No. 4231

P. O. Address Carthage, 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.