S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 22 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38628

Registration District No. 136 Primary Registration District No. 2001 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: 1117 Sergeant
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 years (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Joplin 2
(If outside city or town limits, write "RURAL")
(d) Street No. 1117 Sergeant 5
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Abbie Essie Dalbey
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F.
5. Color or race W.
6. (a) Single, widowed, married, divorced M.
6. (b) Name of husband or wife Garrett W.
6. (c) Age of husband or wife if alive years
7. Birth date of deceased January 17, 1876 (Month) (Day) (Year)

8. AGE: Years 71 Months 8 Days 4 If less than one day hr. min.

9. Birthplace Erie, Illinois (City, town or county) (State or foreign country)
10. Usual occupation own home
11. Industry or business
FATHER
12. Name James Huggins
13. Birthplace ---Illinois (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace " (City, town, or county) (State or foreign country) 9
16. (a) Informant Garrett W. Dalbey
(b) Address 1117 Sergeant, Joplin, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-25-47 (Month) (Day) (Year)
(c) Place: burial or cremation Ozark Memorial
18. (a) Signature of funeral director Barker-Hunsaker
(b) Address Joplin, Missouri
19. (a) 9-26-47 (Date received local registrar) (b) Dolores Lampkins DR (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 21 year 1947 hour 9 minute 50 P. M.

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

	Duration
Immediate cause of death Coronary occlusion	18 hrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 9-4-47	
Of autopsy	

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 Eugene H. Hamill (M. D. or other) M.D.
Address Irvine Bldg, Joplin, Mo Date signed 9-23-47

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

47-11-847

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.