S. No. 2
M—1/47
r. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 44312

FILED JAN 26 1948

Registration District No. 156 Primary Registration District No. 2001 Registrar's No.

49
2
5

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

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: St. John (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether years, months or days)
In this community 50 years

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. 119½ W. 2nd St., (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Florence Atkerson
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 J.E.
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July 27, 1889 (Month) (Day) (Year)

8. AGE: Years 58 Months 4 Days 7 If less than one day hr. min.

9. Birthplace New York State (City, town, or county) (State or foreign country)
10. Usual occupation own home
11. Industry or business
FATHER
12. Name no record
13. Birthplace " " (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name " "
15. Birthplace " " (City, town, or county) (State or foreign country)
16. (a) Informant J. E. Atkerson
(b) Address 119½ W. 2nd St., Joplin, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-5-47 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope
18. (a) Signature of funeral director Parker-Hunsaker
(b) Address Joplin, Missouri
19. (a) 12-12-47 (Date received local registrar) (b) Dolores Lamplin Jr. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 4 year 1947 hour 5 minute 30 A M.

21. I hereby certify that I attended the deceased from 12/3/47, 19..., to 12/4/47, 19...; that I last saw her alive on 12/4/47, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral accident	48 hrs(?)
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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
Signature B Schoeber (M. D. or other)
Address 308 Frisco Bldg, Joplin Date signed 12/5/47

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

47-12-1058

APR 29 1958

FEB 5 1948

MAR 26 1951

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.