. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 17 1948

Registration District No. 156

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2001

44313
State File No.
Registrar's No.

49
2
5

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: 314 No Schifferdecker Ave
(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: 40 years

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.: 314 No Schifferdecker Ave 5
(If rural, give location) 0
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Martha Bailey
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: married
6. (b) Name of husband or wife: J.M.
6. (c) Age of husband or wife if alive: 74 years
7. Birth date of deceased: May (Month) 10 (Day) 1871 (Year)

8. AGE: Years 76 Months 5 Days 24 If less than one day ..... hr. ..... min.

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

10. Usual occupation:
11. Industry or business: House wife

MOTHER FATHER
12. Name: John Sterling 0
13. Birthplace: (City, town, or county) Missouri (State or foreign country)
14. Maiden name: Margaret Thompson
15. Birthplace: (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: J.M.Bailey
(b) Address: 314 No Schifferdecker
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Nov (Month) 5 (Day) 1947 (Year)
(c) Place: burial or cremation: Osborne Memorial
18. (a) Signature of funeral director: Thornhill-Dillon Mortuary
(b) Address: Joplin, Missouri.
19. (a) 11-6-47 (Date received local registrar) (b) Dolores Lampkin C.R. (Registrar's signature) 124

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 3rd year 1947 hour 12 minute 8 M.

21. I hereby certify that I attended the deceased from August 10, 1947 to Sept 12 1947 that I last saw her alive on Sept 12 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypertensive Heart dis	6 mo
Due to: Essential Hypertension	3 yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: 0
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) 0
While at work? (e) Means of injury:

Signature: Eugene H. Hamilton (M. D. or other) M.D.
Address: Moko Bldg, Joplin Mo Date signed 11-4-47

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

47-12-992

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 Erling M Dungy

Licensed Embalmer No. 3566

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.