

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

National Office of Vital Statistics  
FILED JAN 26 1948

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. ....

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. Johns Hospital  
(If not in hospital or institution, write street number or location)

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

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. 1087 1/2 Jackson Ave  
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME ELIZABETH CARLISLE

3. (b) If veteran, name war .....

3. (c) Social Security No. ....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 9th year 1947 hour 3 minute 0 M.

21. I hereby certify that I attended the deceased from December 7th 1947 to December 9th 1947 that I last saw her alive on December 9th 1947 and that death occurred on the date and hour stated above.

Duration .....

5. Color or race white

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

(b) Name of husband or wife Paul H.

6. (c) Age of husband or wife if alive 1 years (Month) (Day) (Year)

7. Birth date of deceased December 1 1899  
(Month) (Day) (Year)

Immediate cause of death RUPTURE OF CARDIAC VENTRICLE STENT.

Due to CORONARY SCLEROSIS AND MYOCARDIAL DEGENERATION UNK

8. AGE: Years 48 Months 0 Days 8 If less than one day br. min.

Due to .....

Other conditions (Include pregnancy within 3 months of death) .....

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

Major findings: Of operations 9/15

Of autopsy .....

PHYSICIAN Webb

Underline the cause of which death should be charged statistically.

10. Usual occupation Housewife

11. Industry or business .....

12. Name William P. Cleveland

13. Birthplace Watertown New York  
(City, town, or county) (State or foreign country)

14. Maiden name Anna Belle Bartlett

15. Birthplace .....

16. (a) Informant Paul H. Carlisle

(b) Address 1087 1/2 Jackson Ave  
Extamb Mausoleum  
(Burial, cremation, or removal) (Date thereof) (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) N/O

(b) Date of occurrence .....

(c) Where did injury occur? .....

(d) Did injury occur in or about home, on farm, in industrial place, in public place? .....

While at work? (Specify type of place) .....

(e) Means of injury ①

23. Signature Webb (M. D. or other) Webb

Address 405 Joplin, Mo. Can Be Signed

18. (a) Signature of funeral director Thasie Hill Dillon

(b) Address Joplin Missouri

19. (a) 12-11-47 (Date received local registrar)

(b) Address (Registrar's signature)

DEC 31 1952

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. Dreyer  
Licensed Embalmer No. 3566

P. O. Address St. Paul, 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.