V. S. No. 2
0M—1/47
ev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

44345

State File No.

FILED JAN 26 1948

Registration District No. 956

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: Joplin General Hosp. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days. (Specify whether years, months or days)
In this community 6 days.

2. USUAL RESIDENCE OF DECEASED:
(a) State Kansas. (b) County Cherokee 999
(c) City or town Galena. (If outside city or town limits, write "RURAL") R. 2.
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mrs. Francis Evans
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex FM.
5. Color or race W.
6. (a) Single, widowed, married, divorced Married.
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct. 15. 1915 (Month) (Day) (Year)

8. AGE: Years 32. Months 2 Days 12 If less than one day hr. min.

9. Birthplace Dixon, Mo (City, town, or county) (State or foreign country)
10. Usual occupation Housewife.
11. Industry or business
FATHER
12. Name Charles O. Reeder.
13. Birthplace Ohio. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Myrtle, Ferrell
15. Birthplace Dixon, Mo. (City, town, or county) (State or foreign country)
16. (a) Informant Joe Evans
(b) Address Galena, Kansas. R. 2.
17. (a) removal. (Burial, cremation, or removal) (b) Date thereof 12-47 (Month) (Day) (Year)
(c) Place: burial or cremation G.A.R. Miami.
18. (a) Signature of funeral director Mrs. C. M. Goodson
(b) Address Picher, Okla
19. (a) 12-30-47 (Date received local registrar) (b) Dolores Lampkins D.R. (Registrar's signature) 120

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 27 year 1947 hour 7:40 A. M. minute M.

21. I hereby certify that I attended the deceased from 12-18 1947 to 12-26 1947 that I last saw her alive on 12-26 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death acute endocarditis 91. a	1 wk.
Due to lobar pneumonia 108 pneumococci	19 Days
Due to acute nephritis 130	10 Days +
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

23. Signature G. C. Dinsmore (M. D. or other) DO
Address Miami Okla. Date signed 12-27-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

47-12-2005

JUL 15 1948

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 R. C. Goodson

Licensed Embalmer No. 1089

P. O. Address Richmond Okla.

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.