S. No. 2
1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 26 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 44348

Registration District No. 156 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: Nursing home, 1809 Grand 4 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 50 years (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. 1334 Virginia 5 (If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Laura A. Finn
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F. 1
5. Color or race W.
6. (a) Single, widowed, married, divorced W. 2
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased December 3, 1871 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
76	0	0	hr. min.

9. Birthplace Belleville, Illinois 1 (City, town, or county) (State or foreign country)
10. Usual occupation own home
11. Industry or business
FATHER
12. Name no record 9
13. Birthplace " " (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name " " 9
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant Mack Finn
(b) Address 1334 Virginia, Joplin, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12-6-47 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope
18. (a) Signature of funeral director Parker-Hunsaker
(b) Address Joplin, Missouri
19. (a) 12-9-47 (Date received local registrar) (b) Ed. D. James Mo. (Registrar's signature) 12 9

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 4 year 1947 hour 5 minute 15 P M.
21. I hereby certify that I attended the deceased from Jan 1st, 1947 to Dec 4, 1947; that I last saw her alive on Dec 4, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	2 days
Due to: Hypertension	2 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death) 3A	
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 [signature] (M. D. or other) Dec
Address Joplin Mo Date signed 12-5-47

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

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

47-12-1061

JAN 26 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 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.

No. 2B
M—3-45
X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. F-N

Registration District No. 156 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:

(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

2. USUAL RESIDENCE OF DECEASED:

(a) State — (b) County

(c) City or town
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Laura A. Fini

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 wid

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Dec (Month) 31 (Day) 87 (Year)

8. AGE: Years 76 Months Days Unless than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
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
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) 12-9-47 (Date received local registrar) (b) Dolores Simpkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec Day 31 year 1947 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN — Underline the cause to 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 (M. D. or other)
Address Date signed

SUPPLEMENTARY

S-44348