S. No. 2
M—1/47
v. 5-17-39

49
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 26 1948
Registration District No. 156

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2001

State File No. 44392
Registrar's No.

1. PLACE OF DEATH: Jasper
(a) County
(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 Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 hrs. (Specify whether
In this community all his life
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 49
(a) State Missouri (b) County Jasper
(c) City or town Joplin Rural R.1
(If outside city or town limits, write "RURAL")
(d) Street No. 1½Mi. E. on 20th
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Jewell Howard Raymond
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Junita
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 4th (Day) 1900 (Year)

8. AGE: Years 47 Months 6 Days 3 If less than one day hr. min.

9. Birthplace Aurora (City, town, or county) Mo (State or foreign country)
10. Usual occupation Electrical worker
11. Industry or business Grays Elect. Shop
FATHER
12. Name Clonton Raymond
13. Birthplace Aurora (City, town, or county) Iowa (State or foreign country)
MOTHER
14. Maiden name Ollie Campbell
15. Birthplace (City, town, or county) Mo (State or foreign country)
16. (a) Informant Junita Raymond
(b) Address R#1 Joplin Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof Dec. 9-47 (Month) (Day) (Year)
(c) Place: burial or cremation Ozark Memorial
18. (a) Signature of funeral director Parker-Hunsaker
(b) Address 1502 Joplin St. Joplin Mo.
19. (a) 12-10-47 (Date received local registrar) (b) Dolores Lampkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 7
year 1947 hour 12 minute 15P M.
21. I hereby certify that I attended the deceased from DEC. 6, 1947 to DEC. 7, 1947
that I last saw him alive on DEC. 7, 1947, 19
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
CORONARY OCCLUSION	INSTANT
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

23. Signature [signature] (M. D. ~~or other~~)
Address 527 FRISCO BLDG. JOPLIN, MO Date signed 12/8/47

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

47-12-1060

JAN 26 1948

FEB 5 1948

FEB 4 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.