

National Office of Vital Statistics
FILED JAN 17 1948

Registration District No. **156**

Primary Registration District No. **2001**

Registrar's No. _____

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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: Freeman Hospital **0**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day
(Specify whether _____)

In this community 18 years
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. 2117 Pearl
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Emma Rountree

3. (b) If veteran, name war no

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 6
year 1947 hour 1:45 minute A. M.

4. Sex F. / 5. Color or race W.

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

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

7. Birth date of deceased: April 25 1875
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept. 1, 1946 to Nov. 6, 1947
and that I last saw her alive on Nov. 5, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial infarction - aorti. **48 hr.**

8. AGE: Years 72 Months 6 Days 11 If less than one day _____ hr. _____ min.

Due to Myocarditis chr. arterio-sclerosis; nephrosclerosis **57 hr.??**

Due to _____

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

10. Usual occupation at home

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

Major findings: X
Of operations _____

Of autopsy see above

11. Industry or business _____

12. Name Josahawa Houghawout

13. Birthplace Darlington Wisconsin
(City, town, or county) (State or foreign country)

14. Maiden name Hettie Cassaway

15. Birthplace Illinois
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause of which death should be charged statistically.

16. (a) Informant Dau. Mrs. Thelma Sorg

(b) Address Joplin, Mo.

17. (a) burial (b) Date thereof 11/8/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cemetery

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 _____

18. (a) Signature of funeral director Hedge-Lewis

(b) Address Webb City, Mo.

19. (a) 11-12-47 (b) Delores Lemphris
(Date received local registrar) (Registrar's signature)

23. Signature D. T. Blake (M. D. or other) **240**

Address Joplin, Mo. Date signed 11-6-47

Blaney

JAN 3 3 1943

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

[Handwritten Signature]

Licensed Embalmer No.

2857

P. O. Address

[Handwritten Address]

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.