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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9068

FILED APR 5 1948

Registration District No. 2006 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: 1923 West B. St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 26 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JASPER 49
(c) City or town JOPLIN
(If outside city or town limits, write "RURAL")
(d) Street No. 1923 West B. St. 5
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MARY DALTON
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Fem. 1
5. Color or race Wh.
6. (a) Single, widowed, married, divorced Wid.
6. (b) Name of husband or wife Deceased
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March 20th, 1859 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
88	10	20	hr. min.

9. Birthplace Virginia (City, town, or county) (State or foreign country)
10. Usual occupation Retired
11. Industry or business
FATHER 12. Name Mathis Fox
13. Birthplace Virginia (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Lidy Gilden
15. Birthplace Virginia (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Joe Johnson
(b) Address 1419 Joplin St., Joplin
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-11-48 (Month) (Day) (Year)
(c) Place: burial or cremation Osborn Memorial Cem.
18. (a) Signature of funeral director Parker-Hunsaker
(b) Address Joplin, Mo.
19. (a) 2-13-48 (Date received local registrar) (b) Delores Simpkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB. day 9th year 1948 hour 5:30 minute P. M.
21. I hereby certify that I attended the deceased from January 20 1948, to February 9 1948, that I last saw her alive on January 28 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia	3 wks
Due to Cardio-renal insufficiency	
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 DR Martin (M. D. or other) D.O.
Address 506-7 Frisco Bldg., Joplin Date signed 2-11-48

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

Martin, D.O.

48-2-193

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.