S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16705

FILED JUN 12 1948

Registration District No. 956

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: Freeman Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community Lifetime
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. 1416 Broadway
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Thelma P. Greenlund
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased January 4, 1898
(Month) (Day) (Year)

8. AGE: Years 50 Months 3 Days 23 If less than one day hr. min.

9. Birthplace JOPLIN, MISSOURI
(City, town, or county) (State or foreign country)
10. Usual occupation Registered Nurse
11. Industry or business

FATHER
12. Name Daniel M. Page
13. Birthplace Ohio
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Leona MARVIN
15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Leona M. Page
(b) Address Joplin, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof APR. 29, 1948
(Month) (Day) (Year)
(c) Place: burial or cremation MT. HOPE
18. (a) Signature of funeral director Hurlbut-Glover
(b) Address Joplin, Mo.
19. (a) 5-2-48 (Date received local registrar) (b) Dolores Lampkins Dr. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27th year 1948 hour 7:00 minute P M.

21. I hereby certify that I attended the deceased from Oct. 5, 1947 to Apr. 27, 1948; that I last saw her alive on Apr. 27, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Addison's Disease	
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 Joplin Mo. Date signed 4/29/48

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

48-5-430

MAR 8 1949

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 Dale Glover, Registered Apprentice No. 87, working under my personal supervision.

Signed Perry K. Zurbuck

Licensed Embalmer No. 959

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.