

S. No. 300
M-10-47
v. 5-17-39
I 3906

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **19827**

FILED JUL 15 1948
Registration District No. **236**

Primary Registration District No. **2001**

Registrar's No. _____

WRITE PLAINLY—USE 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 **O**
(If not in hospital or institution, write street number or location)

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

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper **49**

(c) City or town Prosperity **0**
(If outside city or town limits, write "RURAL") **0**

(d) Street No. _____ (If rural, give location) **1**

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

If yes, name country _____

3. (a) PRINT FULL NAME Nioma Lorraine Clemons

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20
year 1948 hour 12:50 minute A. M.

21. I hereby certify that I attended the deceased from 5-19-48
_____, 19____, to 5-20-48, 19____;
that I last saw her alive on 5-20-48, 19____;
and that death occurred on the date and hour stated above.

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

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

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

Immediate cause of death _____ Duration _____

Bronchopneumonia 2 days

Due to Pertussis 2 wks

Due to _____

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

7. Birth date of deceased September 19 1947
(Month) (Day) (Year)

8. AGE: Years _____ Months 8 Days 1
If less than one day _____ hr. _____ min.

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

10. Usual occupation infant

11. Industry or business _____

MOTHER FATHER { 12. Name Don Clemons

{ 13. Birthplace Springfield, Missouri
(City, town, or county) (State or foreign country)

{ 14. Maiden name Ethel Barnes

{ 15. Birthplace Lamar, Missouri
(City, town, or county) (State or foreign country)

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

Signature E. H. Hamilton (M. D. or other) M.D.

Address Prosperity, Mo. Date signed 5-21-48

16. (a) Informant Father: Don Clemons

(b) Address Prosperity, Mo.

17. (a) burial (b) Date thereof 5/21/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forrest Park Cemetery

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

(b) Address Webb City, Missouri

19. (a) 6-1-48 (b) Palmer Sampson
(Date received local registrar) (Registrar's signature)

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.....

Leone J. Lewis Jr......, Registered Apprentice No. 46
 working under my personal supervision.

Signed.....

Licensed Embalmer No. 2859

P. O. Address Hamlet, N.C.

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.