. S. No. 2
OM—1/47
y. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 16 1948

Registration District No. 56

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2001

State File No. 19874

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: ST JOHN'S HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2 days (Specify whether years, months or days)
In this community: Lifetime

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.: 124 Walnut
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: ADDIE MAY ASHWORTH WILLIS
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: Widow
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: May (Month) 30 (Day) 1866 (Year)

8. AGE: Years 81 Months 11 Days 17 If less than one day hr. min.

9. Birthplace: Near Carthage, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
FATHER 12. Name: Ira Gilbert
13. Birthplace: Iowa (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Celia Hayes
15. Birthplace: Iowa (City, town, or county) (State or foreign country)
16. (a) Informant: Ralph Ashworth
(b) Address: 124 Walnut, Joplin, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4-20-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Fairview Cem, Joplin
18. (a) Signature of funeral director: PARKER-HUNSAKER
(b) Address: 1502 Joplin, Joplin, Mo
19. (a) 4-22-48 (Date received local registrar) (b) Dolores Tompkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18 year 1948 hour 1 O'clock minute P M.

21. I hereby certify that I attended the deceased from April 16, 1948 to April 18, 1948 that I last saw h. alive on April 18, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypostatic pneumonia	36 hrs
Due to: Cerebral hemorrhage	3 days
Due to: Hypertension	?
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: Eugene A. Hamilton (M. D. or other) M.D.
Address: Joplin, Mo Date signed 4-20-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

48-5-496

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.