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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED AUG 12 1948
MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

23290

State File No.

Registration District No. 136

Primary Registration District No. 200

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:
NORTH MAIN STREET ROAD
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 45 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Route #1, Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. North Main St. Road
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME EDNA FLEMING

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 MARRIED
6. (b) Name of husband or wife JAMES
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased FEBRUARY 28 1887
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 5 2 hr. min.

9. Birthplace Ft Scott, Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Wm. Grover
13. Birthplace Illinois
(City, town, or county) (State or foreign country)
14. Maiden name May Woodall
15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant James Fleming
(b) Address North Main St Rdd, Joplin, Mo

17. (a) Burial (b) Date thereof 8-2-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Peace Cem. N of Joplin, Mo

18. (a) Signature of funeral director Parker-Hunsaker
(b) Address 1502 Joplin Joplin, Mo

19. (a) 8-7-48 (b) Robert M. Sargent
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30
year 1948 hour 8 minute P M.

21. I hereby certify that I attended the deceased from March 6
1948, to July 30, 1948;
that I last saw her alive on July 30, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of uterus
Duration 3+ yrs.

Due to _____
Due to _____

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

Major findings:
Of operations _____
Of autopsy H&B

PHYSICIAN
Underline the cause to 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?

While at work? (Specify type of place)
(c) Means of injury
Signature Robert M. Sargent MD (M. D. or other)
Address Box 149, Webb City, Mo Date signed 8-2-48

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 *J.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.