No. 300
1—10-47
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 12 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33280

Registration District No. 156 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: St John's Hospital O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Days (Specify whether
In this community 6 Years 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. 3044 East 8th Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Jennie A. OLMSTED
3. (b) If veteran, name war:
3. (c) Social Security No. 492-07-1505
4. Sex: Female
5. Color or race: W
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: May (Month) 4th (Day) 1881 (Year)
8. AGE: Years 67 Months 5 Days 28 If less than one day hr. min.
9. Birthplace: Marshall County (City, town, or county) Kentucky (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
FATHER 12. Name: William Brown
13. Birthplace: Kentucky (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Jennie Colly
15. Birthplace: Kentucky (City, town, or county) (State or foreign country)
16. (a) Informant: Nelson Olmsted
(b) Address: 3044 East 8th St. Joplin, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 3, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Bellefontain Cem St Louis, Missouri
18. (a) Signature of funeral director: Thornhill-Dillon
(b) Address: 305 West 4th St. Joplin, Mo.
19. (a) 11-3-48 (Date received local registrar) Edd D. Jones (Signature) By Dale Bempkin
138-C (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 1st. year 1948 hour 12:15 minute A. M.
21. I hereby certify that I attended the deceased from Nov 1943 to Nov 1 1948, 19; that I last saw her alive on Nov 1 1948, 19; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocardial degeneration	
Due to: Cerebral hemorrhage.	1 wk.
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: none
Of autopsy:

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): No.
(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: (M. D. or other)
Address: Frisco Bldg, Joplin Date signed 11/2/48

48-11-910

DEC 10 1948

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 Elmer M. Dungey

Licensed Embalmer No. 3566

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.