. No. 300
M—10-47
. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 4 1948

Registration District No. 756

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37124

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: 2816 Wall Street 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 7 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton 73

(c) City or town Joplin, [illegible] 2
(If outside city or town limits, write "RURAL")

(d) Street No. Rural #4, Box 374 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME NOAH OLIVER VINCENT

3. (b) If veteran, name war

3. (c) Social Security No. 1

4. Sex MALE 0

5. Color or race WHITE

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

6. (b) Name of husband or wife FANNY

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

7. Birth date of deceased MAY (Month) 4 (Day) 1880 (Year)

8. AGE: Years 68 Months 6 Days 20 If less than one day hr. min. 1

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER

12. Name No Record 4

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

MOTHER

14. Maiden name No Record

15. Birthplace (City, town, or county) (State or foreign country) 4

16. (a) Informant Mrs. C.H.Allison

(b) Address 2816 Wall St, Joplin, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-27-48 (Month) (Day) (Year)

(c) Place: burial or cremation Oronogo, Oronogo, Mo

18. (a) Signature of funeral director Parker-Hunsaker

(b) Address 1502 Joplin, Joplin, Mo

19. (a) 11-26-48 (Date received local registrar) Ed D. James (Registrar's signature) by Dale Hampshire

188-0 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 24 year 1948 hour 6 minute A. M.

21. I hereby certify that I attended the deceased from Dec 24 to Did Not attend, 19; that I last saw h alive on, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 94 hr

Of autopsy

Duration

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? (Specify type of place) 2

While at work (e) Means of injury

23. Signature [illegible] (Physician or coroner) 80

Address [illegible] Joplin Date signed 11/29/48

48-11-1003

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.