

FILED JAN 26 1949

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 42504

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:  
Freeman's  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 11 days  
 (Specify whether  
 In this community 6 Years  
 years, months or days)

3: (a) PRINT FULL NAME MARY E. FOWLKES

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 HAL C. FOWLKES 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased SEPTEMBER 18 1882  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	66	3	6	hr. _____ min.

9. Birthplace TENNESSEE (City, town, or county) (State or foreign country)10. Usual occupation HOUSEWIFE

## 11. Industry or business \_\_\_\_\_

12. Name W. E. HARDER  
 13. Birthplace TENNESSEE (City, town, or county) (State or foreign country)  
 14. Maiden name MARTHA GARNER  
 15. Birthplace TENNESSEE (City, town, or county) (State or foreign country)

16. (a) Informant Hal C. Fowlkes  
 (b) Address Waco, Missouri  
 17. (a) Burial (b) Date thereof 12-28-48  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Fairview

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

19. (a) 1-7-49 (b) 156  
 (Date received local registrar) (Signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Twin Groves  
 (c) City or town Waco  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 24  
 year 1948 hour 3:40 minute p. M.

21. I hereby certify that I attended the deceased from 12-13-48  
 \_\_\_\_\_, 19\_\_\_\_, to 12-24, 1948,  
 that I last saw her alive on 12-24, 1948,  
 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary thrombosis Duration 3 min.Due to lymphosarcoma of the spleen over yr.

Due to 153 55E  
 Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations Lymphosarcoma of the spleen with metastasis  
 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) \_\_\_\_\_  
 (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 \_\_\_\_\_

23. Signature Bohler (M. D., osteopath)  
 Address 110 Jackson, Joplin, Mo Date signed 1-5-49

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**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.