

FILED MAY 11 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12879

State File No. ....

49  
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BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 56 PRIMARY REG. DIST. NO. 2001 Registrar's No. 2000

1. PLACE OF DEATH a. COUNTY <b>JASPER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>JASPER</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JOPLIN</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JOPLIN</b>	
c. LENGTH OF STAY (in this place) <b>67 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>1114 Hill</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <del>1114 Hill</del> <b>St. John's</b>			

3. NAME OF DECEASED (Type or Print) <b>KATHERINE WILLIS</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>4 23 49</b>		
a. (First)	b. (Middle)	c. (Last)	5. SEX <b>Female</b>	6. COLOR OR RACE <b>Black</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <b>Widowed</b>
8. DATE OF BIRTH <b>Apr. 1, 1882</b>		9. AGE (In years last birthday) <b>67</b>	if UNDER 1 YEAR Months <b>0</b>	if UNDER 1 YEAR Days <b>22</b>	if UNDER 24 HRS. Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Joplin, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>Norris Chapman</b>	13b. MOTHER'S MAIDEN NAME <b>Alice Pleasant</b>	14. NAME OF HUSBAND OR WIFE <b>--</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Miss Lathetta Chapman, Joplin, Mo.</b>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral apoplexy</b>	DUE TO (b) <b>Hypertension</b>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<b>331X</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 21, 1949 to Apr 23, 1949, that I last saw the deceased alive on Apr 23, 1949 and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>	(Degree or title)	23b. ADDRESS <b>Joplin</b>	23c. DATE SIGNED <b>4/24/49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>4-26-49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Parkway Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Joplin Mo.</b>
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DATE REC'D BY LOCAL REG. <b>4-29-49</b>	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Parker-Hunsaker Mortuary, Joplin, Mo.</b>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

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.