

Registration District No. **156** Primary Registration District No. **220** 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: **319 W. 32nd St. Joplin**
(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 **Forty 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. _____ (If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Jennie Houghton**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Dec.** day **30**
year **1947** hour **6:00** minute **--** P.M.

4. Sex **F** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **M.**
6. (b) Name of husband or wife **Jams E. Houghton** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Nov. 2, 1863**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Oct. 18, 1947** to **Dec. 27, 1947**
that I last saw h. ~~er~~ alive on **Dec. 27, 1947**
and that death occurred on the date and hour stated above.
Duration _____
Immediate cause of death **Hemoptysis**

8. AGE: Years **84** Months **1** Days **28** If less than one day _____ hr. _____ min

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

9. Birthplace **Arlington, Kentucky**
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause of which death should be charged statistically.

10. Usual occupation **Housewife**

11. Industry or business _____
12. Name **Wm. J. Tanner**
13. Birthplace **North Carolina**
(City, town, or county) (State or foreign country)
14. Maiden name **Martha Smith**
15. Birthplace **Tennessee**
(City, town, or county) (State or foreign country)

16. (a) Informant **James E. Houghton**
(b) Address **519 W. 32nd St. Joplin, Mo.**

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)
While at work _____ (Specify type of work) (e) Means of injury _____

17. (a) **Burial** (b) Date thereof **Jan. 2, 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Osborne Memorial**

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

19. (a) **1-6-48** (b) **Dalrus Hampton**
(Date received local registrar) (Registrar's signature)

23. Signature **John W. Douglas** (M. D. or other) _____
Address **216 West 32nd Joplin Mo.** Date signed **Jan 3-48**

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

MOTHER FATHER

49
5

49
2
5
0

13 P

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 Josephine

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.