

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Registration District No. 417 Primary Registration District No. 3021 Registrar's No. 111

**1. PLACE OF DEATH:**  
 (a) County Jasper  
 (b) City or town Webb City  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: \_\_\_\_\_  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution X (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_ years, months or days

**3. (a) PRINT FULL NAME** NANCY JANE HOWELL

**8. (b) If veteran,** name war ✓ **8. (c) Social Security** No. ✓

**4. Sex** Female **5. Color or race** white **6. (a) Single, widowed, married, divorced** widowed

**6. (b) Name of husband or wife** X **6. (c) Age of husband or wife if** X years

**7. Birth date of deceased.** March 26 1864  
 (Month) (Day) (Year)

8. AGE:			If less than one day
Years	Months	Days	
<u>75</u>	<u>8</u>	<u>6</u>	hr. _____ min.

**9. Birthplace** Henry Co Missouri  
 (City, town, or county) (State or foreign country)

**10. Usual occupation** at home

**11. Industry or business** ✓

**MOTHER FATHER**

**12. Name** Anthony Hogan

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

**14. Maiden name** Martha J. Carter

**15. Birthplace** X Missouri  
 (City, town, or county) (State or foreign country)

**16. (a) Informant's own signature** J. A. Howell  
 (b) Address Joplin, Mo

**17. (a) Burial, cremation, or removal** Burial (b) Date thereof 12/14/39  
 (Month) (Day) (Year)

(c) Place: burial or cremation Bank Memorial Cem

**18. (a) Signature of funeral director** Hedger Nelson  
 (b) Address Webb City, Mo 2010

**19. (a) DEC. 4. 39** (b) J. L. Pritchett  
 (Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Jasper  
 (c) City or town Webb City, Mo.  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 1001 W Nelson  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years X

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month Dec day 19 year 1939 hour 1:30 minute \_\_\_\_\_ P. M.

**21. I hereby certify that I attended the deceased from** 1939 to DEC 19 1939 that I last saw him alive on DEC 19 1939 and that death occurred on the date and hour stated above.

Immediate cause of death Terminal Myocarditis

Due to Influenza Duration 14 days

Due to \_\_\_\_\_

Other conditions gall  
 (Include pregnancy within 3 months of death)

**PHYSICIAN**  
 Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 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) (a) Means of injury \_\_\_\_\_

**23. Signature** R. M. Starnes (M. D. or other) \_\_\_\_\_  
 Address Webb City, Mo Date signed 12/14/39

RECEIVED

District Health Officer No. 6,

District File Number 40-45

Date Filed JAN 5 1940

**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.....

*E. M. Hedge*

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*E. M. Hedge*

Licensed Embalmer No.....

2859

P. O. Address.....

*West Ridge*

**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, above space should be left blank.**