DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11346

Registration District No. 411 Primary Registration District No. 2002 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: 12th & Geneva (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ---------- (Specify whether In this community 68 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. 12th & Geneva (If rural, give location)

(e) If foreign born, how long in U. S. A.? ---------- years.

3. (a) PRINT FULL NAME Nancy Elnora Harryman 655

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 Widow

6. (b) Name of husband or wife Charles Harryman 6. (c) Age of husband or wife if alive ------ years

7. Birth date of deceased Aug. 23, 1871 (Month) (Day) (Year)

8. AGE: Years 68 Months 6 Days 18 If less than one day ___ hr. ___ min.

9. Birthplace Newton County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

FATHER
12. Name Wm. Eads
13. Birthplace Ohio (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Kathryn Byrd
15. Birthplace Iowa (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs C G Moser

(b) Address Perkins Okla R 2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-14-40 (Month) (Day) (Year)

(c) Place: burial or cremation Saginaw Cem.

18. (a) Signature of funeral director Hurlbut Und. Co.

(b) Address 212 Joplin St., Joplin, Mo.

19. (a) 3-13-40 (Date received local registrar) (b) Ed D Jamey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12 year 1940 hour 6 minute 20 A. M.

21. I hereby certify that I attended the deceased from 1-14 1940 to 3-12 1940; that I last saw her alive on 3-12 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy — Duration 12 hrs

Due to Influenza and Bronchial Asthma

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
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? 3/12 (Specify type of place)

While at work? (e) Means of injury

23. Signature N S Loveland (M. D. or other)

Address Joplin Mo Date signed 3/13/40

(Licensed Embalmer's Statement on Reverse Side)

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

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.

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RECEIVED

Health Officer No. 6,

Number 440-1041

Date Filed APR 10 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 ....., Registered Apprentice No. ....., working under my personal supervision.

Signed Steve D. Parker.

Licensed Embalmer No. 2548

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, above space should be left blank.