

Registration District No. 411

Primary Registration District No. 2002

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: 2402 Tyler 2  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 5 1/2 years (Specify whether  
 years, months or days)

3. (a) PRINT FULL NAME Nancy Hale Owen 50  
 3. (b) If veteran, Y name war \_\_\_\_\_  
 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Betty J.  
 6. (c) Age of husband or wife if alive 53 years  
 7. Birth date of deceased Jan 5, 1873  
 (Month) (Day) (Year)

8. AGE: Years 67 Months 3 Days 27 If less than one day hr. min.

9. Birthplace Cannon, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business  
 12. Name John Owen  
 13. Birthplace Cameron, Mo.  
 14. Maiden name Corneia Whitell  
 15. Birthplace Unknown

16. (a) Informant's own signature Mrs Bettie Owen  
 (b) Address Joplin, Mo.

17. (a) Burial (b) Date thereof 5-3-40  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Funerary Home  
 18. (a) Signature of funeral director Ed B. Jarne  
 (b) Address Joplin, Mo.

19. (a) 5-3-40 (b) Ed B. Jarne  
 (Date received local registrar) (Registrar's signature)

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. 2402 Tyler  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1st  
 year 1940 hour 2:25 minute 9 M.

21. I hereby certify that I attended the deceased from 4-10, 1939, to May 1, 1940  
 that I last saw him alive on 4-14, 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 2 1/2

Due to 1 1/2

Due to Chronic Intestinal Neplitis

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? \_\_\_\_\_

23. Signature W. J. Howland (Specify type of place) 3912 (e) Means of injury \_\_\_\_\_  
 While at work (M. D. certifies)  
 28. Signature W. J. Howland Address Joplin Mo Date signed 5/2/40

Rev. 5-17-39  
 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.

40-6-160

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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..... *Don Tetrick* .....

Licensed Embalmer No. *4008* .....

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.**