

Rev. 5-17-30
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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.

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin 2
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
708 N. High St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community 47 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. 708 N. High St.
(If rural, give location)

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

3. (a) PRINT FULL NAME Nancy A. Prialx 1,472

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8th
year 1940 hour 5:10 minute PM M.

21. I hereby certify that I attended the deceased from June 8 1940 to June 8 1940
and that death occurred on the same date and hour stated above.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife James O.

6. (c) Age of husband or wife if alive Dead years

7. Birth date of deceased Sept. 28, 1855
(Month) (Day) (Year)

Immediate cause of death Acute Colitis Duration Today

Due to 12012

8. AGE: Years Months Days If less than one day

84 7 11 hr. min.

Other conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

9. Birthplace Bloomfield, Ohio 1
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife 9

11. Industry or business _____

12. Name Winkerson 4

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Laura Yoss

(b) Address Joplin, Mo.

17. (a) Burial (b) Date thereof 6-10-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview

18. (a) Signature of funeral director Thornhill-Dillon

(b) Address Joplin, Mo.

19. (a) 6-10-40 (b) Ed D. Jones
(Date received local registrar) (Registrar's signature)

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? 372

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature J. H. Verleur (M. D. or other) MD

Address Joplin Mo Date signed 6-10-40

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.....

David Dillon

Licensed Embalmer No. *3898*

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.