

35545

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 409

Primary Registration District No. 4242

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County JASPER  
(b) City or town DUENNYEG  
(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 \_\_\_\_\_ (Specify whether  
In this community 41 YEARS (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME FANNIE BELLE HELTZEL  
3. (b) If veteran, \_\_\_\_\_ 3. (c) Social Security  
name war \_\_\_\_\_ No. \_\_\_\_\_

4. Sex F 5. Color or race W 6. (a) Single, widowed, married,  
divorced Married  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if  
CHRISTOPHER alive \_\_\_\_\_ years  
7. Birth date of deceased MARCH 25 1858  
(Month) (Day) (Year)

8. AGE: Years 82 Months 7 Days 1 If less than one day  
hr. min.

9: Birthplace MCDONALD COUNTY MO  
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business TURNER DAVIS

12. Name UNKNOWN

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

14. Maiden name MARCY CARTER

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

16. (a) Informant's own signature Maggie Weger

(b) Address Duennyeg, MO

17. (a) Burial (Burial, cremation, or removal) Miller Cem. (b) Date thereof 10 12 1940  
(Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director James

(b) Address \_\_\_\_\_  
19. (a) 10-28-40 (b) James  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JASPER  
(c) City or town DUENNYEG  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT day 26  
year 1940 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from  
Nov 8, 1939 to Oct 26, 1940  
that I last saw her alive on Oct 26, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Stroke Nephritis  
Chr.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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?  
20 \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature W. Brookshire (M. D. certifier)  
Address Joplin, MO Date signed 10/24/40

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically

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.

MOTHER FATHER

40-11-541

**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 *Jay T. Anderson*

Licensed Embalmer No. *2142*

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.**