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K23159

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

35586

Registration District No. 411

Primary Registration District No. 2002

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

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: 2102 Empire 2  
(If not in hospital or institution, write street number or location)

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

In this community 50 years  
years, months or days

3. (a) PRINT FULL NAME MARY JANE NABELL

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 married

6. (b) Name of husband or wife Chas E. Nabell

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased July 3 1884  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>3</u>	<u>23</u>	hr. _____ min. _____

9. Birthplace Knoxville Tennessee  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER {

12. Name Thomas Francis

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

14. Maiden name Frances Jane Wilson

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

16. (a) Informant Chas E. Nabell

(b) Address 2102 Empire

17. (a) Burial (b) Date thereof Oct 28 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Spurgeon Cemetery

18. (a) Signature of funeral director Stephen Mortuary

(b) Address 1503 Joplin St Joplin, Mo

19. (a) 10-26-40 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County JASPER

(c) City or town Joplin 0  
(If outside city or town limits, write "RURAL")

(d) Street No. 2102 Empire  
(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 26  
year 1940 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from Oct 1 1940 to Oct 26 1940; that I last saw her alive on Oct 24 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Hypertension 2 yrs

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

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

Other conditions 171  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_

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? 3010  
While at work? (Specify type of place) (e) Means of injury

23. Signature H. C. Clark (M. D. or other) \_\_\_\_\_  
Address Joplin Mo Date signed 10-26-40

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

**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 F. M. Jones  
Licensed Embalmer No. 2319  
P. O. Address Joplin

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**