

State File No. _____

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. _____

REVISED 14 1943
411

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: St. Johns Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution week (Specify whether years, months or days)

In this community non-resident

3. (a) PRINT FULL NAME Nancy Jo Nance

3. (b) If veteran, name war no

3. (c) Social Security No. NO

4. Sex Female

5. Color or race white

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Feb. 17 1932
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>8</u>	<u>11</u>	<u>13</u>	hr. _____ min. _____

9. Birthplace Oswego Kan.
(City, town, or county) (State or foreign country)

10. Usual occupation Student

11. Industry or business Student

12. Name Joe E. Nance

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

14. Maiden name Addie G. Gearhart

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

16. (a) Informant's own signature Joe E. Nance

(b) Address Oswego Kan.

17. (a) Removal (Burial, cremation, or removal)

(b) Date thereof Jan. 30 1941
(Month) (Day) (Year)

(c) Place: burial or cremation Oswego, Kan.

18. (a) Signature of funeral director Frank Allison

(b) Address Galena, Kan.

19. (a) 1-31-41 (Date received local registrar)

(b) [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Labette

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

(d) Street No. 321 Michigan ave.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 30
year 1941 hour 10 minute 15 M.

21. I hereby certify that I attended the deceased from 1-21-41
to 1-30-41

that I last saw her alive on 1-30
and that death occurred on the date and hour stated above. 1941

Immediate cause of death

General Peritonitis

Due to gangrenous appendicitis

Due to acute

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

Duration

12 ds

12 ds

Major findings: Appendical abscess (gangrenous)

Of operations Peritonitis

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?
37

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature [Signature] (M. D. or other)

Address [Address] Date signed 1/31/41

WHILE PRINTING—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.

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.....

Removed to Galena Kan., Registered Apprentice No.....

working under my personal supervision.

Signed Frank Allison

Kan. Licensed Embalmer No. 1321

P. O. Address Galena Kan.

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.