

Registration District No. 183

Primary Registration District No. 4109

State File No. _____

Registrar's No. 5

1. PLACE OF DEATH:
(a) County Christian
(b) City or town Nixa, Nixa Town
(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 _____
years, months or days

3. (a) PRINT FULL NAME Martha Q. Nokes

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife Andrew J. Nokes 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July, 17, 1859
(Month) (Day) (Year)

8. AGE: Years 81 Months 3 Days 1 If less than one day _____ hr. _____ min.

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

10. Usual occupation housewife-keeper

11. Industry or business _____

MOTHER FATHER { 12. Name Seth Hall

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

14. Maiden name Elizabeth Lewis

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

16. (a) Informant Mabel Blidewell
(b) Address Nixa, Mo

17. (a) Burial (b) Date thereof Mar. 3, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Payne cemetery

18. (a) Signature of funeral director Wilburn Maples
(b) Address Clever, Mo.

19. (a) March 3, 1941 (b) Ida B. Hawkins
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Christian
(c) City or town Nixa, Nixa Township
(If outside city or town limits, write "RURAL")
(d) Street No. Nixa, Mo. (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March, day 2nd
year 1941 hour 9 minute 40 A.M.

21. I hereby certify that I attended the deceased from October 14, 1940 to March 1, 1941, that I last saw her alive on March 1, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis with myocardial degeneration
Due to _____

Due to _____
Other conditions (include pregnancy within 3 months of death) 93H

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? _____

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

23. Signature Dr. G. G. Paves (M.D. or other) _____
Address Nixa, Mo Date signed 3-3-41

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

21
20
X23159

9

RECEIVED

District Health Officer No. 0,

District File Number

341-442

Date Filed

MAR 12 1941.

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

This body was not embalmed.

working under my personal supervision.

Signed

Ida B. Hawkins registered

Licensed Embalmer No.

P. O. Address.

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, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6646

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 183

Primary Registration District No. 4109

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Christian
(b) City or town St. Ida
(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 _____
In this community _____ (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Martha C. Nokes

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race w 6. (a) Single, widowed, married, divorced wid

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

7. Birth date of deceased July 17 1859
(Month) (Day) (Year)

8. AGE: Years 82 Months 7 Days 15 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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 _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) March 3, 1941 (b) Ida B. Hawkins
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(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.

20. DATE OF DEATH Month Mar day 2
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immature cause of death _____

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? _____

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

23. Signature G. A. Purvis (M. D. or other) _____

Address St. Ida Mo Date signed _____

SUPPLEMENTARY

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

