

Registration District No. \_\_\_\_\_

Primary Registration District No. 3021

Registrar's No. 27

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Webb City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
NOI N. TOM  
(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, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49  
(c) City or town Webb City, Missouri  
(If outside city or town limits, write "RURAL")  
(d) Street No. 401 N. Tom Street  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 20  
year 1941 hour 10 minute 30 A. M.

21. I hereby certify that I attended the deceased from January 3, 1941, to March 20, 1941.  
that I last saw her alive on March 20, 1941.  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary sclerosis  
Due to Arteriosclerosis

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? 377

(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature B. A. Dumbard (M. D. or other) M. J.  
Address Webb City, Mo Date signed 3/21/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

3. (a) PRINT FULL NAME Della Nichols

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

4. Sex Female / 5. Color or race W. 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive XX years

7. Birth date of deceased February 23, 1867  
(Month) (Day) (Year)

8. AGE: Years 74 Months 0 Days 27 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation at home

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

12. Name Ed. Kibler

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

14. Maiden name Louie Garret

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

16. (a) Informant Mrs. Minnie Stinnett

(b) Address Carthage, Missouri

17. (a) Burial (b) Date thereof 3/23/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carterville, Cem.

18. (a) Signature of funeral director Hedge-Nelson

(b) Address Webb City, Missouri

19. (a) MEH 21. 41 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

41-4-315

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.....

*E. H. Hedge*

Licensed Embalmer No.....

*2859*

P. O. Address.....

*Webb City, 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, fact should be so stated above.