

FILED JUL 11 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **21903**

Registration District No. **411**

Primary Registration District No. **2002**

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: **Freeman Hospital**
(If not in hospital or institution, write street number of location)

(d) Length of stay: In hospital or institution **11 weeks**
(Specify whether years, months or days)

In this community **4 months**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Carroll / 7**

(c) City or town **Hale Missouri.**
(If outside city or town limits, write "RURAL")

(d) Street No. **N. RECORD**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **No**

3. (a) PRINT FULL NAME **Nora Hanners**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **No**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June 18,** day **1941;**
year _____ hour **4-00 P.M.** minute _____ M.

4. Sex **Female** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widow**

6. (b) Name of husband or wife **A.D. Hanners** 6. (c) Age of husband or wife if alive **No** years

7. Birth date of deceased: **July 11, 1879**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **April 13**, 19**41**, to **June 18**, 19**41**;
that I last saw her alive on **June 18**, 19**41**;
and that death occurred on the date and hour stated above.

8. AGE: Years **61** Months **11** Days **7**
If less than one day hr. _____ min.

Immediate cause of death: **Cancer - Cervix** **2 yrs.**

Due to _____

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

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

10. Usual occupation **housewife**

11. Industry or business _____

12. Name **John B. Lilly**

13. Birthplace **Penn;**
(City, town, or county) (State or foreign country)

14. Maiden name **Caroline Kagel;**

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

Major findings: _____
Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant **Mrs. R.H. Clark.**

(b) Address **3206 Oak Ridge Dr. Joplin Mo.**

17. (a) **Burial** (b) Date thereof **6-20-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hale Mo; Hurlbut Und. Co;**

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? **372**
(Specify type of place) (Means of injury)

18. (a) Signature of funeral director **Hale Mo; Hurlbut Und. Co;**

(b) Address **Joplin Mo.**

19. (a) **6-19-41** (b) **Ed James**
(Date received local registrar) (Registrar's signature)

23. Signature **Ed James** (M. D. or other) **MD**

Address **Joplin, Mo.** Date signed **6-19-41**

(Licensed Embalmer's Statement on Reverse Side)

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

2
41
59
24390

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 *Sam E. Sencer*

Licensed Embalmer No. *4099*

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, fact should be so stated above.