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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED NOV 7 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 35247

Registration District No. 411

Primary Registration District No. 2002

Registrar's No.

1. PLACE OF DEATH: JASPER.  
 (a) County JASPER.  
 (b) City or town JOPLIN City  
 (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 or location)  
 (d) Length of stay: In hospital or institution 5  
 In this community 5 0  
 years, months or days (Specify whether)

3. (a) PRINT FULL NAME Elsie Nichols.  
 3. (b) If veteran, name war —  
 3. (c) Social Security No. —

4. Sex FEMALE 5. Color or race W  
 6. (a) Single, widowed, married, divorced MARRIED  
 6. (b) Name of husband or wife Jess L. Nichols  
 6. (c) Age of husband or wife if alive 69 years  
 7. Birth date of deceased: Dec 7 1878  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
62 10 21 hr. min.

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

10. Usual occupation HOUSE WIFE.

11. Industry or business

MOTHER FATHER }  
 12. Name ALLEN DEGARNO  
 13. Birthplace ILL.  
 (City, town, or county) (State or foreign country)  
 14. Maiden name MARY WILEY  
 15. Birthplace ILL.  
 (City, town, or county) (State or foreign country)

16. (a) Informant Jess L. Nichols.

(b) Address R. 2 Girard Kas.

17. (a) Removal (b) Date thereof 10-29-41  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Myers Cem.

18. (a) Signature of funeral director Frank Patrick General Home

(b) Address Frank Kansas.

19. (a) 10-30-41 (b) Ed James  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State KANSAS (b) County CRAWFORD  
 (c) City or town RURAL-R. 2  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. GIRARD KANSAS.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? 2 years.

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month 10 day 29  
 year 1941 hour 2 minute 05 A. M.  
 21. I hereby certify that I attended the deceased from 10-23-41  
 , 1941, to 10-29 41;  
 that I last saw her alive on 10-28 41, 1941;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal Paralysis  
(slow)  
 Due to Causes?  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
 (include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 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)  
 (c) Means of injury \_\_\_\_\_

23. Signature Ed James (M. D. or other) \_\_\_\_\_  
 Address Joplin, Mo. Date signed \_\_\_\_\_

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

STATE OF MISSISSIPPI

**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: *Steve D. Parker*

Licensed Embalmer No. *2548*

P. O. Address. *Goplin, Mo*

**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.**

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 35 247

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: \_\_\_\_\_  
(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)

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) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Elsie Nichols

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 m

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

7. Birth date of deceased Dec 7 1878  
(Month) (Day) (Year)

8. AGE: Years 62 Months 10 Days 20 If less than one day \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country) Kans.

10. Usual occupation \_\_\_\_\_

11. Industry of business \_\_\_\_\_

MOTHER FATHER { 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) 10-30-41 (b) Ed W James  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct Day 20 Year 1941 Hour \_\_\_\_\_ Minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_; that I last saw him \_\_\_\_\_ 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death: Intestinal Paralysis  
Cancer

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

Due to Cause unknown  
There was no operation + no biopsy findings

Other conditions (include pregnancy within \_\_\_\_\_ months of death) \_\_\_\_\_

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

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

Of autopsy 122 p 2

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) Means of injury \_\_\_\_\_

23. Signature Ellsworth Moody  
Address Joplin, Mo Date signed \_\_\_\_\_

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

SUPPLEMENTARY

S-35247