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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

38505

State File No. _____

DEC 17 1941

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. _____

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

1. PLACE OF DEATH: JASPER
 (a) County _____
 (b) City or town Joplin
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 202 Byers
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community ALL HER LIFE years, months or days

3. (a) PRINT FULL NAME NANCY JANE BOARD

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 WIDOW

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

7. Birth date of deceased Mch-18-1855 (Month) (Day) (Year)

8. AGE: Years 86 Months 7 Days 14 If less than one day hr. _____ min. _____

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

10. Usual occupation HOUSE DUTY

11. Industry or business " " " "

12. Name MONROE CLARK

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

14. Maiden name ELIZABETH NEWTON

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

16. (a) Informant N. H. Board

(b) Address 202 Byers Joplin Mo

17. (a) FAIRVIEW (b) Date thereof 11/4/41 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FAIRVIEW

18. (a) Signature of funeral director Hubert Reed Co (b) Address Joplin Mo

19. (a) 11-3-41 (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO (b) County JASPER
 (c) City or town Joplin (If outside city or town limits, write "RURAL")
 (d) Street No. 202 BYERS (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 2 year 1941 hour 5 minute 30 M.

21. I hereby certify that I attended the deceased from Oct 26, 1941, to Nov 7, 1941, that I last saw her alive on Nov 1, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion (Thrombosis) Duration 7 days

Due to S
Due to Senility

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

Major findings: Of operations 9/4 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 VO

23. Signature Hubert Reed (M. D. or other) M.D. Address Joplin Mo Date signed 11/3/41

41-12-1020

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.....

Wm. T. Furlber

Licensed Embalmer No.....

95-9

P. O. Address.....

Josephus

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.