

No. 2  
4-13-40  
-17-39  
I X23159

Registration District No. **4-11** Primary Registration District No. **2002** Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH:  
(a) County Jasper  
(b) City or town Joplin  
(c) Name of hospital or institution: St. Johns Hospital  
(d) Length of stay: In hospital or institution 4 days  
In this community 4 days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Okla. (b) County Nowata  
(c) City or town Nowata  
(d) Street No. \_\_\_\_\_  
(e) If foreign born, how long in U. S. A.? 2 years.

3. (a) PRINT FULL NAME Floxa Whitebird  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 4<sup>th</sup> day Dec  
year 1941 hour 4 PM minute \_\_\_\_\_ M.

4. Sex Female 5. Color or race Indian 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Deader Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Jan 1 - 1865

21. I hereby certify that I attended the deceased from the 1<sup>st</sup> 1941 to the 4<sup>th</sup> 1941  
that I last saw her alive on the 4<sup>th</sup> 1941  
and that death occurred on the date and hour stated above.

8. AGE: Years 76 Months 11 Days 4 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death Myocardial failure  
Due to Hypertension of long standing B.P. 126/130

9. Birthplace Indian Territory, U.S.

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_

10. Usual occupation Housewife

Major findings: Of operations 102  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER  
11. Industry or business \_\_\_\_\_  
12. Name Young  
13. Birthplace Unknown  
14. Maiden name Unknown  
15. Birthplace Unknown

16. (a) Informant Robert Whitebird  
(b) Address Nowata Okla  
17. (a) Autopsy (b) Date thereof 12-8-41  
(c) Place: burial or cremation Nowata Okla

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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

18. (a) Signature of funeral director Wagner Funeral Home  
(b) Address Wagner  
19. (a) 12-6-41 (b) Ed Janner

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
(c) Means of injury D  
23. Signature Jasper (M. D. or other) \_\_\_\_\_  
Address Joplin Mo Date signed 12-6-41

42-1-1117

**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 *F. M. Jones*

Licensed Embalmer No. *2319*

P. O. Address *Jupiter Fla*

**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.**