

FILED JUN 11 1942

Registration District No. 408

Primary Registration District No. 5562

Registrar's No. 99

1. PLACE OF DEATH:

(a) County Jasper County  
(b) City or town Rural Marion Township  
(c) Name of hospital or institution:  
R # 4 Carthage  
(d) Length of stay: In hospital or institution 83 Years  
In this community 83 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper  
(c) City or town Rural  
(d) Street No. R # 4, Carthage Mo.  
(e) Citizen of foreign country? No.

3. (a) PRINT FULL NAME Nancy Jane Hoofnagle

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed  
6. (b) Name of husband or wife William 6. (c) Age of husband or wife if alive years  
7. Birth date of deceased Dec 26 1858

8. AGE: Years Months Days If less than one day  
83 4 12 hr. min.

9. Birthplace Jasper Co. Missouri

10. Usual occupation At Home

11. Industry or business None

MOTHER FATHER { 12. Name John Riley Moss  
13. Birthplace Unknown  
14. Maiden name Nancy Jane Boxley  
15. Birthplace Unknown

16. (a) Informant Ethel Bradley, R # 4, Carthage  
(b) Address R # 4 Carthage Mo.

17. (a) Burial (b) Date thereof May 11, 1942

(c) Place; burial or cremation Center Cemetery

18. (a) Signature of funeral director Knell Mortuary  
(b) Address Carthage Mo.

19. (a) May 11, 1942 (b) Elizabeth Couplin

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8th  
year 1942 hour 9:00 minute 50 P.M.

21. I hereby certify that I attended the deceased from May 4th 1942 to May 7th 1942  
that I last saw h. er. alive on May 7th 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage  
Due to Hypertension 7 yrs.  
Chronic Myocarditis 7 yrs.

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings: Of operations None  
Of autopsy No

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) No  
(b) Date of occurrence None  
(c) Where did injury occur? None  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? No (Specify type of place) (e) Means of injury ?

23. Signature George H. Wood (M. D. counter)  
Address 304 Grant St. Date signed 5/11/42

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

49  
6  
0

49  
0  
0

0

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1203

12-5-1999

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**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.....

*John D Batchelder*

Licensed Embalmer No. *4153*

P. O. Address. *Carthage 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.