. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 10 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21484

Registration District No. 411 — Primary Registration District No. 2002 — Registrar's No. 252

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 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 days (Specify whether
In this community 7 months. years, months or days)

2. USUAL RESIDENCE OF DECEASED: 49

(a) State: Missouri (b) County: Jasper 9
(c) City or town: Joplin 5 (If outside city or town limits, write "RURAL")
(d) Street No.: 309 West A. St; Joplin Mo; (If rural, give location)
(e) Citizen of foreign country? No 0 (Yes or No)
If yes, name country: No

3. (a) PRINT FULL NAME: Cecil Jeraline Nix;
3. (b) If veteran, name war: No
3. (c) Social Security No.: No

4. Sex: Female
5. Color or race: white
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: James H. Nix
6. (c) Age of husband or wife if alive: 25 years
7. Birth date of deceased: Dec. 12, 1921. (Month) (Day) (Year)

8. AGE: Years 20 — Months 6 — Days 4 — If less than one day ___ hr. ___ min.

9. Birthplace: Strawn Texas (City, town, or county) 1 (State or foreign country)
10. Usual occupation: housewife
11. Industry or business:

FATHER
12. Name: Cecil Stallings
13. Birthplace: Gordon Texas (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name: Thail Penix
15. Birthplace: Missouri (City, town, or county) 0 (State or foreign country)

16. (a) Informant: James H. Nix
(b) Address: Joplin Mo;
17. (a) removal (Burial, cremation, or removal) (b) Date thereof: 6-17-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Weatherford Texas.
18. (a) Signature of funeral director: Hurlbut Und. Co;
(b) Address: Joplin Mo;
19. (a) 6-17-42 (Date received local registrar) (b) Gertrude Sudhoetter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June 16 day 1942
year ___ hour 2-30 P.M. minute ___ M.

21. I hereby certify that I attended the deceased from 6-4, 1942 to 6-16, 1942
that I last saw her alive on 6-16, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Meningismus
Due to: Septicemia following an abortion
Due to: 2 or 3½ mo. Geotalin cause unknown
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 140b
Of autopsy

Duration

PHYSICIAN — 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature: Ed D James (M. D. or other)
Address: Joplin Mo Date signed 6-17-42

1204

(Licensed Embalmer's Statement on Reverse Side)

42.6-536

JUN 28 1945

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 Perry N Heuelbert

Licensed Embalmer No. 959

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.