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27440

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. _____

Primary Registration District No. _____

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: Freeman Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days
(Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Joplin
(If outside city or town limits, write "RURAL")

(d) Street No. 1403 W. 9th St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Richard Earl McNurland

3. (b) If veteran, name war ***

3. (c) Social Security No. ***

4. Sex Male

5. Color or race W

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____

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

7. Birth date of deceased August 28, 1942
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 3 If less than one day _____ hr. _____ min.

9. Birthplace Joplin Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Harrington W. McNurland

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

14. Maiden name Nina Lee Pank

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

16. (a) Informant H. W. McNurland

(b) Address 1403 W. 9th, Joplin, Mo.

17. (a) Burial (b) Date thereof 9-2-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crestview Park

18. (a) Signature of funeral director Hurlbut Und. Co.

(b) Address Joplin, Mo.

19. (a) 9-2-42 (b) Antonia Schidheller
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 31
year 1942 hour 6 minute a.m.

21. I hereby certify that I attended the deceased from Aug 26 to Aug 27 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Strangulation from enlarged thyroids

Due to Strand

Due to _____

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

Major findings: _____

Of operations _____

Of autopsy Same as above

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 Strand

23. Signature Dr. Poor (M. D. or other M.D.)
Address Joplin, Mo. Date signed 9-1-42

1204 by Miller & ...
(Licensed Embalmer & Registrar - Reverse Side)

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

Dr. Poor

49

49
22
5

Duration
3 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

12-8-765

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 H. Hunt

Licensed Embalmer No. *957*

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.