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

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

FILED SEP 11 1942

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED SEP

State File No. 27404

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 354

49
2
5

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin
(If outside city or town limits, write "Rural" or name township)

(c) Name of hospital or institution:
St. Johns 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days (Specify whether years, months or days)

In this community 10 days

2. USUAL RESIDENCE OF DECEASED: 999

(a) State Oklahoma (b) County Ottowa 34

(c) City or town Miami 0
(If outside city or town limits, write "RURAL")

(d) Street No. 139 A N.E.
(If rural, give location)

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

If yes, name country 2

3. (a) PRINT FULL NAME Ethel May Nance

3. (b) If veteran, name war

3. (c) Social Security No. 440-03-6467

4. Sex Female / 5. Color or race White / 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Leroy

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased March (Month) 17 (Day) 1909 (Year)

8. AGE: Years	Months	Days	If less than one day
33	4	28	hr. min.

9. Birthplace Altus (City, town, or county) Oklahoma / (State or foreign country)

10. Usual occupation Telephone Operator

11. Industry or business

FATHER
12. Name Othman Obbtt Bartholomen
13. Birthplace Grand Island (City, town, or county) Nebraska / (State or foreign country)

MOTHER
14. Maiden name Cora Stewart
15. Birthplace Dennis (City, town, or county) Texas / (State or foreign country)

16. (a) Informant Othman Obbtt Bartholomen
(b) Address 139 A N.E.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8-18-42 (Month) (Day) (Year)
(c) Place: burial or cremation G.A.R. Miami

18. (a) Signature of funeral director COOPER
(b) Address Miami, Oklahoma

19. (a) 8-20-42 (Date received local registrar) (b) Gertrude Sudholter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 15 year 42 hour 6 minute 24 P. M.

21. I hereby certify that I attended the deceased from 8/5, 1942, to 8/15, 1942, that I last saw him alive on 8/15, 1942, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Dehydration Acute (Vomiting)	6 w
Due to: Acute hemorrhagic Nephritis	3 dy
Due to:	
Other conditions (Include pregnancy within 3 months of death): 25.1	

Major findings:
Of operations

Of autopsy

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 [illegible] (M. D. or other)
Address Date signed 8/18/42

1204 (Licensed Embalmer's Statement on Reverse Side)

42-8-744

SER 161942

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 Steve Parker

Licensed Embalmer No. 2548

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.