S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 15 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41046

Registration District No. 136 Primary Registration District No. 2001 Registrar's No. 577

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

1. PLACE OF DEATH:

(a) 49 County Jasper
(b) 9 City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) 5 Name of hospital or institution: 1806 Mo /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 35 Yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jasper 49 2
(c) City or town Joplin 5
(If outside city or town limits, write "RURAL")
(d) Street No. 1806 Mo
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME Chas. Henry Nabors

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

3. (c) Social Security No. 491-01-4787

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Sarah

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

7. Birth date of deceased Feb (Month) 18th (Day) 1876 (Year)

8. AGE:

Years	Months	Days	If less than one day
66	10	9	..... hr. ..... min.

9. Birthplace Ill; (City, town, or county) / (State or foreign country)

10. Usual occupation Night Watchman

11. Industry or business R. & S. Motor Co.

FATHER
12. Name Nabors
13. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Sarah Nabors
(b) Address 1806 Mo;

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 29 4 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Park

18. (a) Signature of funeral director Parker Hunsaker
(b) Address Joplin, Mo:

19. (a) 12-31-42 (Date received local registrar) (b) Gertrude Sudhoeller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 27 year 1942 hour 7 minute 30P M.

21. I hereby certify that I attended the deceased from Dec 12, 1942 to Dec 27, 1943 that I last saw him alive on Dec 27, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
apoplexy	15 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 830	

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 W S Loveland (M. D. ~~or other~~)
Address Joplin Mo Date signed 12/29/42

1204 (Licensed Embalmer's Statement on Reverse Side)

42-12-1083

JAN 19 1943

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 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.