

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

6558

FILED MAR 4 1943

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 90

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: St. Johns Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 8 weeks
 In this community 20 years
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Nannie Evadean Adams

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Female / race white 5. Color or white
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Arthur Adams 6. (c) Age of husband or wife if alive 34 years
 7. Birth date of deceased Aug. 6, 1914
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
28 6 7 hr. min.

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

10. Usual occupation housewife

11. Industry or business

12. Name James Todd
 13. Birthplace Missouri
 (City or county) (State or foreign country)
 14. Maiden name Julia Allman
 15. Birthplace Webb City Mo.
 (City, town, or county) (State or foreign country)

16. (a) Informant Arthur Adams
 (b) Address Joplin Mo.
 17. (a) burial (b) Date thereof 2-15-43
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Webb City Cemetery

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

(b) Address Joplin Mo.
 19. (a) 2-16-43 (b) Gertude Sudhalter
 (Date received local registrar) (Registrar's signature)

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. route 3 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2-13-43 day
 year 1943 hour 7-45 A. minute 1 M.

21. I hereby certify that I attended the deceased from 2-2-43 to 2-13-43
 that I last saw him alive on 2-13-43
 and that death occurred on the date and hour stated above.

Immediate cause of death Paralytic Ileus.
(operative)
Relat. Salpingitis

Other conditions
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations

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?

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

23. Signature A. L. Crawford (M. D. or other)
 Address last 7 years Date signed 2-16-43

(Licensed Embalmer's Statement on Reverse Side)

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

43-2-119

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 655-8
Registrar's No. _____

Registration District No. _____

Primary Registration District No. 2001

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(c) Name of hospital or institution St John's Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 weeks
In this community 20 yrs
(Specify whether years, months or days)

3. (a) PRINT FULL NAME

Nannie E Adams

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex 7
5. Color or race m
6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife Arthur
6. (c) Age of husband or wife if alive 34 years
7. Birth date of deceased _____
(Month) (Day) (Year)

8. AGE: Years 28 Months 6 Days _____
If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____
13. Birthplace _____
(City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant _____
(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Jasper
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 13 year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 2-9-43 to 2-13-43
that I saw him live on 2-13-43 and that death occurred on the date and hour stated above.

Immediate cause of death Post operative Paralytic Ileus
Due to Bilateral Salpingitis
Due to Streptococci Probable

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____
139a

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? _____

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

23. Signature J. R. Crawford (M. D. or other) _____
Address Joplin Date signed 3-29-43

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

SUPPLEMENTARY

Q. Now,

A. Yes.

Q. Now,

A. Yes.

Q. Now,

A. Yes.

Q. Now,

A. Yes.

Q. Now,

A. Yes.

Q. Now,

A. Yes.

Q. Now,

A. Yes.

Q. Now,

A. Yes.

Q. Now,

A. Yes.

Q. Now,

A. Yes.

Q. Now,

A. Yes.

Q. Now,

A. Yes.

Q. Now,

A. Yes.