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FILED JUN 24 1943

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21638

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 318

49
2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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: 0 St Johns Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 months (Specify whether
In this community 2 Months
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 999

(a) State Oklahoma (b) County Jasper 34

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

(d) Street No.
(If rural, give location)

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

If yes, name country 2

3. (a) PRINT FULL NAME Nancy Jane Kazee

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife

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

7. Birth date of deceased Jan (Month) 21 (Day) 1877 (Year)

8. AGE: Years 66 Months 4 Days 11 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Harvey Lester
13. Birthplace (City, town, or county) Va. (State or foreign country)

MOTHER
14. Maiden name America Kilby
15. Birthplace (City, town, or county) S. C. (State or foreign country)

16. (a) Informant Mrs. C. G. Beagle
(b) Address Joplin R. R.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6 (Month) 2 (Day) 43 (Year)
(c) Place: burial or cremation Vinita, Okla.

18. (a) Signature of funeral director Parker-Hunsaker
(b) Address Joplin, Missouri.

19. (a) 6-2-43 (Date received local registrar) (b) Gertrude Sudhoeller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2
year 1943 hour 12 minute 15 a.M.

21. I hereby certify that I attended the deceased from 4/11/43, 19..., to 6/2/43, 19...;
that I last saw her alive on 6/1/43, 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to Chronic Institutional nephritis

Due to Chronic myocarditis

Other conditions 131a
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

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 E. Ernest Johnson (M. D. or other)

Address 617 [illegible] Date signed 6/2/43

1207

(Licensed Embalmer's Statement on Reverse Side)

48-6-502)

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.