

FILED MAR 13 1944

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 125

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 7 days (Specify whether years, months or days)
In this community 20 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton
(c) City or town Diamond
(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 _____

3. (a) PRINT FULL NAME NANCY HELENA MILLER

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife WILLIAM 6. (c) Age of husband or wife if alive, _____ years
7. Birth date of deceased APRIL 24, 1866
(Month) (Day) (Year)

8. AGE: Years 77 Months 10 Days 5 If less than one day hr. _____ min. _____

9. Birthplace MARIES CO MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business HOME

MOTHER FATHER {
12. Name JAMES CALVIN JOHNSON
13. Birthplace TENN.
(City, town, or county) (State or foreign country)
14. Maiden name MARY ANN RUSSELL
15. Birthplace ALA.
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. H. B. WOODY
(b) Address 509 E 7th BRISTON, OKLA

17. (a) REMOVAL (b) Date thereof 2-29-44
(Date of permanent removal) (Month) (Day) (Year)

(c) Place: burial or cremation BRISTON, OKLA

18. (a) Signature of funeral director Thomhill Wilson Mort.

(b) Address JOPLIN, MISSOURI

19. (a) 2-29-44 (b) Gertrude Schaeffer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEBRUARY day 29
year 1944 hour 8:45 minute A M.

21. I hereby certify that I attended the deceased from 2-22 1944 to 2-29 1944
that I last saw her alive on 2-28 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction
Duration 2 wks

Due to general toxemia from chronic glomerular nephritis
Due to Myocardial infarction (Long standing)

Other conditions (Include pregnancy within 3 months of death)

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? _____

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

23. Signature Thomhill Wilson (M. D. or _____)
Address Joplin Mo Date signed 2-29-44

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

49
2
5

44-2-188

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..... *David Hillow*

Licensed Embalmer No. *3898*

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.