

S. No. 2
OM-2-43
5-17-39
X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7442

State File No. _____

FILED FEB 28 1944
Registration District No. 956

Primary Registration District No. 2001

Registrar's No. 95

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:
2209 Virginia Ave; /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether

In this community 17 years.
years, months or days)

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. 2209 Virginia Ave;
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Nettie McMillen

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 12 1944
year _____ hour 6-16 P.M. minute _____ M.

4. Sex Female

5. Color or race white

6. (a) Single, widowed, married, divorced 3 divorced

6. (b) Name of husband or wife F.J. McMillen

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased April 30, 1871.
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 16 1944, to Feb 12 1944
that I last saw her alive on Feb 12 1944
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

72 9 13 hr. min.

Immediate cause of death
Pulmonary Emphysema

Due to Carcinoma Pelvic
ulcers

Due to _____

Other conditions (Include pregnancy within 3 months of death) 55e

9. Birthplace Lawrence Co; Mo;
(City, town, or county) (State or foreign country)

10. Usual occupation retired housewife

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Nathan Hunt

13. Birthplace Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Shipley

15. Birthplace Tenn.
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant C.R. McMillen

(b) Address Ponca City Okla; 309 N. Osage

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-15-44
(Month) (Day) (Year)

(c) Place: burial or cremation Pennsboro Cem.

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

(b) Address Joplin Mo;

19. (a) 2-14-44 (Date received local registrar) (b) Gertude Susholter (Registrar's signature)

23. Signature W. Loveland (M. D. or other) _____

Address Joplin Mo Date signed 2/14/44

(Licensed Embalmer's Statement on Reverse Side)

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

19
2
5

x
y
z

44-2-156

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

Perrett H. Hubbell

Licensed Embalmer No. *959*

P. O. Address *Japan 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.