

FILED APR 12 1944  
Registration District No. 156

Primary Registration District No. 2001

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: Allsman Nursing Home 4  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days)

In this community 2 months.

3. (a) PRINT FULL NAME Minnie Van De Veer

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex fem

5. Color or race white

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

6. (b) Name of husband or wife L.A. VAN DE VEER

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased Jan. 26, 1884  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
60	1	20	hr. _____ min.

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

10. Usual occupation housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER {

12. Name Stoke Clotfelter

13. Birthplace No record  
(City, town, or county) (State or foreign country)

14. Maiden name no record

15. Birthplace no record  
(City, town, or county) (State or foreign country)

16. (a) Informant L.A. Van De Veer

(b) Address Grove Okla; R.1,

17. (a) Burial (b) Date thereof 3-17-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ozark Mem. Cem.

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

(b) Address Joplin Mo;

19. (a) 3-16-44 (b) Arthur S. Suckhorster  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Oklahoma (b) County Delaware

(c) City or town Grove Okla  
(If outside city or town limits, write "RURAL")

(d) Street No. Route 1;  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar., day 16, 1944  
year \_\_\_\_\_ hour 8-45 A.M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Feb-  
1944 to Mar-15, 1944  
that I last saw her alive on Mar. 15, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberc Pneumonia Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations 108

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)

(e) Means of injury \_\_\_\_\_

23. Signature Charles C. Cook (M. D. or other) \_\_\_\_\_  
Address Joplin Mo Date signed 3-16-44

44-8-2581

MAY 22 1944

**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 Ray K. Hurlbut

Licensed Embalmer No. 959

P. O. Address Open Meo

**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.**