

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11256

FILED MAR 24 1944

State File No.

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 146

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(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 6 Days
In this community 54 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Webb City, Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. 1401 W. Broadway
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Fred H. Nesbitt

3. (b) If veteran, name war Spanish American World War I (c) Social Security No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Eva Nesbitt 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased January 5, 1878
(Month) (Day) (Year)

8. AGE: Years 66 Months 2 Days 7
If less than one day hr. min.

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

10. Usual occupation Ore purchsaing Det.

11. Industry or business Eagle Picher Mining Co.

12. Name Robert Nesbitt

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

14. Maiden name Melanie Fasset

15. Birthplace St. Johnsbury, Vermont
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Eva Nesbitt (widow)

(b) Address Webb City, Missouri

17. (a) Burial (b) Date thereof 3/14/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director Hedge-Nelson

(b) Address Webb City, Missouri

19. (a) 3-14-44 (b) [Signature] (c) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12
year 1944 hour 6:30 minute P. M.

21. I hereby certify that I attended the deceased from March 7, 1944 to March 12, 1944
that I last saw h./a. alive on March 12, 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Right
Duration 5 days

Due to
Due to
Other conditions 100
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations
Of autopsy
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 Ellsworth Moody (M. D. or other)
Address Joplin Mo. Date signed 3/14/44

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

44-3-248

AUG 20 1945

7341224

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MAR 24 1944

FEB 16 1945

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..... *W. Hodge*

Licensed Embalmer No. *21859*

P. O. Address..... *W. Hodge*

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.