

3. No. 2
1-8-43
5-17-39
I X37823

FILED DEC 11 1944

Registration District No. **186**

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

(d) Length of stay: In hospital or institution **6 days**
(Specify whether years, months or days)

In this community _____
years, months or days)

3. (a) PRINT FULL NAME **Francis B. Nye**

3. (b) If veteran, name war **no data**

3. (c) Social Security No. **none**

4. Sex **0 Male** **5. Color or race** **W.**

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

6. (b) Name of husband or wife **Florence Nye**

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

7. Birth date of deceased **January 30 1855**
(Month) (Day) (Year)

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

89 **9** **22** hr. min.

9. Birthplace **Rochester Indiana**
(City, town, or county) (State or foreign country)

10. Usual occupation **Merchant (Retired)**

11. Industry or business _____

MOTHER FATHER { **12. Name** **James Nye**

{ **13. Birthplace** **no data** **9**
(City, town, or county) (State or foreign country)

{ **14. Maiden name** **no data**

{ **15. Birthplace** **no data** **9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Daughter Mrs. Dave Frank**

(b) Address **Joplin, Mo.**

17. (a) burial **(b) Date thereof** **11/27/44**
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director **Hedge-Lewis**

(b) Address **Webb City, Mo.**

19. (a) 11-27-44 **(b) [Signature]**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper** **49**

(c) City or town **Webb City** **6**
(If outside city or town limits, write "RURAL")

(d) Street No. **833 North Prospect** **2**
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **22**
year **1944** hour **8** minute **A.** M.

21. I hereby certify that I attended the deceased from **11-16**, 19**44**, to **11-22**, 19**44**;
that I last saw him alive on **11-22**, 19**44**
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Heart + Respiratory failure

Due to **Uremia**

Due to **chronic nephritis**

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____ **121**

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:

(c) 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)

(c) Means of injury _____

23. Signature **W.E. Skinner** (M.D. or other) **000**

Address **521-W-4** **Date signed** **11-25-49**

44-12-1015

OCT 28 1949

AUG 19 1952

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 *Dr. Hodge*

Licensed Embalmer No. *2859*

P. O. Address. *Dr. 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.