

No. 2
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5-17-39
1 X37823

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41379**

FILED DEC 26 1944

Registration District No. **156**

Primary Registration District No. **2001**

Registrar's No. **577**

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:
1811 Moffett
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **48 years** (Specify whether years, months or days)
In this community **48 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper** **49**
(c) City or town **Joplin** **2**
(If outside city or town limits, write "RURAL")
(d) Street No. **1811 Moffett** **5**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **7**

3. (a) PRINT FULL NAME **Mrs. Nora Artis Hervey**

3. (b) If veteran, name war **no** 3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **J. W. Hervey** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **October 1, 1878**
(Month) (Day) (Year)

8. AGE: Years **66** Months **1** Days **29** If less than one day _____ hr. _____ min.

9. Birthplace **Morrilton, Arkansas**
(City, town, or county) (State or foreign country)

10. Usual occupation **housewife**

11. Industry or business _____

12. Name **Thomas Cooper**
13. Birthplace **Conway Arkansas**
(City, town, or county) (State or foreign country)

14. Maiden name **Matilda Woods**
15. Birthplace **Conway Arkansas**
(City, town, or county) (State or foreign country)

16. (a) Informant **hus. J. W. Hervey**
(b) Address **Joplin, Mo.**

17. (a) **burial** (b) Date thereof **12/4/44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Forrest Park Cemetery**

18. (a) Signature of funeral director **Hedge-Lewis**
(b) Address **Webb City, Mo.**

19. (a) **12-7-44** (b) **Gertie Sudhalter**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **30**
year **1944** hour **9:40** minute **A.** M.

21. I hereby certify that I attended the deceased from **Nov 25 1944** to **Nov 30 1944**;
that I last saw her alive on **Nov 30 1944**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Endocardial hemorrhage** **5 hrs**
Due to **Juvenile obstructive** **3 wks**

Due to _____

Other conditions (Include pregnancy within 3 months of death) **X**

Major findings: Of operations **X**

Of autopsy **X**

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) (e) Means of injury _____

23. Signature **O. T. T. Elaph** (M. D. or other) **744**
Address **725 E. Main St. Joplin, Mo** Date signed **12-7-44**

1200 (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

44-12-1019

Blankies

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. D. Hedge

Licensed Embalmer No. 2859

P. O. Address Webb City

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.