

FILED MAY 22 1946
Registration District No. **136**

Primary Registration District No. **5001**

Registrar's No. _____

15864
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:
609 Lone Elm Road
(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 28 Years
(Specify whether 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. 609 Lone Elm Road
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME NETTIE EVELYN FLOYD

(b) If veteran, name war _____

(c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29th
year 1946 hour 1:40 minute AM M.

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

(b) Name of husband or wife Jesse Floyd 6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased Dec. 24, 1872
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 1941, to April 28, 1946;
that I last saw her alive on April 28, 1946, 19 ;
and that death occurred on the date and hour stated above.

8. AGE: Years 73 Months 4 Days 5 If less than one day
hr. _____ min.

Immediate cause of death: Cerebral hemorrhage Duration 18 hrs.

9. Birthplace West Fork, Arkansas
(City, town, or county) (State or foreign country)

Due to Hypertension

Due to _____

10. Usual occupation Housewife

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

11. Industry or business _____

Major findings:
Of operations None
Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

12. Name Ben Curtis

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

14. Maiden name Mary Strickler

15. Birthplace West Fork, Arkansas
(City, town, or county) (State or foreign country)

16. (a) Informant Jesse Floyd
(b) Address Joplin, Missouri

17. (a) Burial (b) Date thereof May 3, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Osborne Memorial Cem.

18. (a) Signature of funeral director Thornhill-Dillon
(b) Address Joplin, Missouri

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 3

23. Signature J. M. Gray (M. D. or other) _____
Address 312 N. Schiffdecken Date signed 5-1-46

Joplin, Mo.

46-4-358

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 H. Lynn White

Licensed Embalmer No. 4240

P. O. Address Joplin, 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.