

**FILED JAN 2 1947**

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. \_\_\_\_\_

**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: St. John's  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 22 hrs.  
 In this community years, months or days

**3. (a) FULL PRINT NAME** Nancy Lee Lankford  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W. 6. (a) Single, widowed, married, divorced S.  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Dec. 19 1946  
 (Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day 27 hr. \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

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

**MOTHER FATHER**  
 { 12. Name Corum Lankford  
 { 13. Birthplace Seneca, Mo.  
 { 14. Maiden name Mary Beavers  
 { 15. Birthplace Arkansas  
 (City, town, or county) (State or foreign country)

16. (a) Informant Corum Lankford  
 (b) Address Seneca, Mo.

17. (a) Burial (b) Date thereof Dec 22, 1946  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Swans Prairie Church

18. (a) Signature of funeral director W. H. Hill

(b) Address Seneca, Mo.

19. (a) 12-21-46 (b) W. B. Jones  
 (Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Newton  
 (c) City or town Seneca  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. R.F.D. #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 Dec. day 19  
 year 1946 hour 10 am minute \_\_\_\_\_ M. X

21. I hereby certify that I attended the deceased from Dec. 19  
 \_\_\_\_\_, 1946, to Dec 19, 1946  
 that I last saw her alive on Dec 19, 1946  
 and that death occurred on the date and hour stated above.

Immediate cause of death: Premature birth - 7 mo. Duration 10 hrs.

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

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

Other conditions Pre-eclampsia of toxemia 3 wks  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy 156  
**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 pinon) (e) Means of injury \_\_\_\_\_

23. Signature Ernest Mitchell (M. D. or other) M.D.  
 Address Joplin, Mo. Date signed 12-21-46

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

46-12-1083

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**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 E Dillmore

Licensed Embalmer No. 2174

P. O. Address Seneca

**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.**