

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **21371**

FILED JUL 10 1947
Registration District No. **204**

Primary Registration District No. **204**

Registrar's No. **204**

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:
2510 N. Florida
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **50 years**
(Specify whether in this community years, months or days)

3. (a) PRINT FULL NAME

Nora Hansford

3. (b) If veteran, name war **No**

3. (c) Social Security No. **No**

4. Sex **female** / 5. Color or race **white**
6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Edward F. Hansford**
6. (c) Age of husband or wife if alive **70** years
7. Birth date of deceased **Jan. 29, 1878**
(Month) (Day) (Year)

8. AGE: **69** Years **3** Months **17** Days
If less than one day hr. **6** min.

9. Birthplace **Lawrence County Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

12. Name **T.C. KIRBY**
13. Birthplace **Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Clara Barkley**
15. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Edward F. Hansford**
(b) Address **2510 N. Florida, Joplin Mo.**

17. (a) **Burial** (b) Date thereof **5-19-47**
(Burial, cremation, or removal) (Month) (Day) (Year)
Mt. Hope Cem.

(c) Place: burial or cremation

18. (a) Signature of funeral director **Hurlbut Und. Co.**
(b) Address **Joplin Missouri**

19. **5-19-47** (b) **Delmas Sampson**
(Date received local registrar) (Registrar's signature)

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. **2510 N. Florida**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May**, day **16**, year **1947**
hour **5-00** A.M. minute M.

21. I hereby certify that I attended the deceased from **12-4**, 19**42** to **5-16**, 19**47**
that I last saw her alive on **5-16**, 19**47**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Occlusion**
Diabetes mellitus

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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? (c) Means of injury

23. Signature **Delmas Sampson** (M. D. or other)
Address **Joplin Mo** Date signed **5/17/47**

Duration **12/4/42**

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

4 7-6508

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

Perry K. Zverluch

Licensed Embalmer No.

959

P. O. Address

Japan 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.