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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 20 1948

Registration District No. .....

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5580

State File No. 23348

Registrar's No. 105

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town R1 Twin Groves (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Carl Junction (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community 61 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jasper

(c) City or town Carl Junction (If outside city or town limits, write "RURAL")

(d) Street No. 1 3/4 so. Carl Junction Mo. Rural - Twin Groves Twp (If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Nettie Blanche Soward

3. (b) If veteran, name war ——

3. (c) Social Security No. ——

4. Sex F1

5. Color or race W

6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife Wm Soward

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

7. Birth date of deceased Jan (Month) 30 (Day) 1869 (Year)

8. AGE: Years 79 Months 5 Days 7 If less than one day ..... hr. ..... min.

9. Birthplace Cabery Ford Co. Ill. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Luke Fleming
13. Birthplace ..... Ill. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Phoebe Griswold
15. Birthplace ..... Ill. (City, town, or county) (State or foreign country)

16. (a) Informant Harry Eckels

(b) Address R1 Carl Junction Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-10-1948 (Month) (Day) (Year)

(c) Place: burial or cremation Carl Junction Mo

18. (a) Signature of funeral director Don Roney

(b) Address Carl Junction Mo

19. (a) JULY 10:48 (Date received local registrar) (b) [illegible] M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 7 year 1948 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from July 8, 1940 to July 7, 1948; that I last saw her alive on July 7, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Cardio vascular Renal Disease

Due to .....

Due to .....

Other conditions Fractured hip June 7 1948 (Include pregnancy within 3 months of death)

Major findings:
Of operations .....
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:

(a) Accident, suicide, or homicide (specify) ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

(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 .....

23. Signature R. M. Stormont (M. D. or other)

Address Webbcity Mo Date signed 7/10/48

(Licensed Embalmer's Statement on Reverse Side)

48-6-596

MAR 15 1954

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

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43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. aug

Registration District No. 158 Primary Registration District No. 5580 Registrar's No. 105

1. PLACE OF DEATH:

(a) County Jasper Rural

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: (If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

(d) Street No. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Nettie B. Sonard

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 Wid

6. (b) Name of husband or wife

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

7. Birth date of deceased Jan 30 1868 (Month) (Day) (Year)

8. AGE: Years 79 Months 5 Days If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July year 1948 hour minute M.

21. I hereby certify that I attended the deceased from , 19 ; to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death

Due to

Due to 18 6 W 18

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

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:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence June 6-1948

(c) Where did injury occur? On farm - Jasper Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Fall - In the house (Specify type of place)

While at work? Yes (e) Means of injury

23. Signature R. McStormont (M. D. or other)

Address Date signed

SUPPLEMENTARY

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

S-23348