REC'D SEP 8 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

29451
Do not use this space.

49

1. PLACE OF DEATH

(a) County Jasper 2 Registration District No. 417

(b) Township JOPLIN 1 Primary Registration District No. 3021 Registered No. 68

(c) or City Webb City (d) Street No. 322 S. BALL ST. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred 2 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

365

2. PRINT FULL NAME Nancy Angeline Stringer

(a) Residence, No. 322 S. Ball St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 25, 1854

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
85	6	22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee 1

FATHER
13. NAME John Hatcher 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn. 1

MOTHER
15. MAIDEN NAME Elsie Smith
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

17. INFORMANT (ADDRESS) Dau. Mrs. Grace Nordholn Webb City, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Hill Cemetery DATE Aug. 19 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Hedge-Nelson Funeral Home Webb City, Mo.

20. FILED AUG. 19 1939 P. L. Pritchett M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 17, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug. 14, 1939, to Aug 17, 1939
I last saw her alive on Aug 17, 1939. Death is said to have occurred on the date stated above, at 11:20 m. P. M.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset

82 A'

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Specify
(Signed) M. S. Langford M.D., M. D.
(Address) Webb City Mo

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X16605

RECEIVED
District Health Officer No. 6,
District File Number 939-1762
Date Filed SEP 5 1939

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 C. W. Hedge, Registered Apprentice No. ..... working under my personal supervision.

Signed C. W. Hedge

Licensed Embalmer No. 2859

P. O. Address Walt Pity

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

If this body is not embalmed, above space should be left blank.