

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.

STANDARD CERTIFICATE OF DEATH

Chapman 39945
State File No. 39945

Registration District No. 15

Primary Registration District No. 2002

Registrar's No.

1. PLACE OF DEATH: Jasper 2

(a) County Jasper

(b) City or town Joplin

(c) Name of hospital or institution: 931 N. Landreth
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 21 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

Missouri Jasper

(a) State Missouri (b) County Jasper

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

(d) Street No. 931 N Landreth
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Nancy Sue Duncan 525

3. (b) If veteran, name war nil

3. (c) Social Security No. nil

4. Sex Female

5. Color or race Wh

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

6. (b) Name of husband or wife nil

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

7. Birth date of deceased Oct. 31 1939
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 21
year 1939 hour 6:15 minute _____ P. M.

21. I hereby certify that I attended the deceased from Nov. 20, 1939, to Nov. 21, 1939,
that I last saw her alive on Nov. 21, 1939,
and that death occurred on the date and hour stated above.

Immediate cause of death Acute broncho-pneumonia

Due to Influenza?

Due to Malnutrition.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically

8. AGE: Years 0 Months 0 Days 21
If less than one day hr. _____ min. _____

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

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER

12. Name Oscar Duncan

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

14. Maiden name Hattie Fannan

15. Birthplace Springfield Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Hattie Duncan

(b) Address Joplin Mo.

17. (a) Burial (b) Date thereof 11-22-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cemetery

18. (a) Signature of funeral director W.B. Chapman

(b) Address 1502 Joplin, Joplin, Missouri

19. (a) 11-22-39 (b) _____
(Date received local registrar) (Registrar's signature)

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 place) _____ (e) Means of injury _____

28. Signature W.B. Chapman (M. D. or other) _____
Address Joplin, Mo. Date signed Nov 22, '39

RECEIVED

District Health Officer No. 6,

District File Number 1239-2505

Date Filed DEC 7 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.....

....., 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 with the above constitutes grounds for revocation of license.)

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