

FILED FEB 15 1940

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

2645
Do not use this space.

1. PLACE OF DEATH
 (a) County Jasper Registration District No. 408
 (b) Township _____ Primary Registration District No. 3020 Registered No. 30
 (c) City Carthage, (d) Street No. McCune-Brooks Hospital 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Jesse Harrison McNabb 211
 (a) Residence, No. Route #1, Carthage, Mo. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 28, 1876
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
63 2 1
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Ret'd. Farmer
 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.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 29, 1940
 22. I HEREBY CERTIFY, That I attended deceased from Nov. 19, 1939 to Jan 29, 1940
 I last saw him alive on Jan 29, 1940 Death is said to have occurred on the date stated above, at 8:15 P. M.
 The principal cause of death and related causes of importance were as follows:

Coronary Occlusion Date of onset 1-20-40
A3C
 Other contributory causes of importance:
Arteriosclerosis

12. BIRTHPLACE (CITY OR TOWN) Marshfield, Mo. (STATE OR COUNTRY)
 FATHER 13. NAME Martin McNabb
 14. BIRTHPLACE (CITY OR TOWN) Mo. (STATE OR COUNTRY)
 MOTHER 15. MAIDEN NAME Mary Hartley
 16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY)
 17. INFORMANT Mrs. Ola Ziler (ADDRESS) Route #1, Carthage, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Fairfax, Okla DATE 2/4/40
 19. FUNERAL DIRECTOR (NAME) Ulmer Funeral Home (ADDRESS) 1208 Garrison Ave., Carthage
 20. FILED Jan. 31, 1940 E. J. Mc Intire, M.D. Local Registrar.

Name of operation none Date of _____
 What test confirmed diagnosis? physical Was there an autopsy? no
 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? no
 If so, specify _____
 (Signed) George H. Wood, M. D.
865 (Address) Carthage Mo.

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.

RECEIVED

District Health Officer No. 6,

District File Number 240-266

Date Filed FEB 13 1940

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 *E. L. Williams*

Licensed Embalmer No. 2772

P. O. Address.....

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.