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McCune-Brooks Hosp
Carthage, Mo.

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 9 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25402

Registration District No. 408 — Primary Registration District No. 3020 — Registrar's No. 147

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: (Place of accident) R. R. Crossing near Hesculer Powder Co. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 38 Minutes (Specify whether in this community years, months or days) 8 years

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. 306 N. Oak (If rural, give location)

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

3. (a) PRINT FULL NAME Nellie Burnham

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Oscar M.

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

7. Birth date of deceased June 6, 1903 (Month) (Day) (Year)

8. AGE: Years 37 Months 1 Days 9 If less than one day ..... hr. ..... min.

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

10. Usual occupation Housewife

11. Industry or business

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

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

16. (a) Informant Mrs. Hattie Johnson

(b) Address Joplin, Mo.

17. (a) Buried (Burial, cremation, or removal) (b) Date thereof 7-18-40 (Month) (Day) (Year)

(c) Place: burial or cremation Forest Park

18. (a) Signature of funeral director Kowhill - Dillon

(b) Address Joplin, Mo. 865

19. (a) July 18, 1940 (Date received local registrar) (b) E. J. McIntire, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15 year 1940 hour 6:38 minute P.M.

21. I hereby certify that I attended the deceased from ..... 19.., to ..... 19..; that I last saw her alive on July 15 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Fractured Skull

Due to Automobile - Train Collision

Due to —

Other conditions (Include pregnancy within 3 months of death) —

Major findings: Of operations —

Of autopsy Inquest

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 July 15 - 1940.

(c) Where did injury occur? Jasper Co. Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Railroad Crossing (Specify type of place)

While at work? no (e) Means of injury Collision

23. Signature A. N. Winchester Coroner (M. D. or other)

Address Joplin Mo. Date signed 7-17-40.

(Licensed Embalmer's Statement on Reverse Side)

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 Don Petrick

Licensed Embalmer No. 4008

P. O. Address Joplin

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.