No. 2
1-4-41
-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35254

Registration District No. FILED NOV 14 1941 4

Primary Registration District No. 2002

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Jasper

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

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

(d) Length of stay: In hospital or institution 5 Dys. (Specify whether

In this community 35 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper. 049

(c) City or town Joplin. (If outside city or town limits, write "RURAL") 5

(d) Street No. 2515 Bird (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Nancy Ellen Williams

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

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

7. Birth date of deceased June (Month) 22 (Day) 1869 (Year)

8. AGE: Years 72 Months 4 Days 1 If less than one day hr. min.

9. Birthplace Crane (City, town, or county) Mo- (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

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

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

16. (a) Informant Sam. Williams

(b) Address 2515 Bird Joplin, Mo-

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/25/41 (Month) (Day) (Year)

(c) Place: burial or cremation Soof Com Marionville, Mo-

18. (a) Signature of funeral director Thornhill-Dillon Mortuary

(b) Address Joplin, Mo-

19. (a) 10-23-41 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 23 year 1941 hour 2 minute 35 A.M.

21. I hereby certify that I attended the deceased from ~~8-27-36~~ 11-2-38 to 10-23-41, 19; that I last saw h. W alive on 10-22-41, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis with Cardiac Hypertrophy	5 yrs
Due to: Coronary Occlusion	10-21-41
Due to:	
Other conditions (Include pregnancy within 3 months of death) 930	

Major findings:
Of operations
Of autopsy

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)

(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 Walter Howard (M.D. or other)

Address Joplin, Mo Date signed 10/23/41

(Licensed Embalmer's Statement on Reverse Side)

41-11-951

NOV 28 1941

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 Tetrick

Licensed Embalmer No. 4098

P. O. Address Joplin, Mo

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

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

S. No. 2B
-8-21-41
X29286

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 411 Primary Registration District No. 2002 Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County: Jasper

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

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

(d) Length of stay: In hospital or institution: 5 days In this community (Specify whether years, months or days): 35 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.: 2515 Bird (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: Nancy Ellen Williams

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: W

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

7. Birth date of deceased (Month) (Day) (Year)

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

9. Birthplace: Crane Mo (City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business:

MOTHER FATHER

12. Name: William Peters

13. Birthplace: W-Virginia (City, town, or county) (State or foreign country)

14. Maiden name: Cunningham

15. Birthplace: Mo (City, town, or county) (State or foreign country)

16. (a) Informant: Sam Williams

(b) Address: 2515 Bird Joplin Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10/23/41 (Month) (Day) (Year)

(c) Place: burial or cremation: I.O.O.F. Cem. Marionville Mo.

18. (a) Signature of funeral director: Thornhill-Dillon

(b) Address: Joplin Mo.

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Oct day: 23 year: 1941 hour: 3 minute: 35 a M.

21. I hereby certify that I attended the deceased from 11-2-38, 19, to 10-23-41, 19; that I last saw him alive on 10-22-41, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocarditis with Hypertrophy	3 yr
Due to: Coronary Thrombosis	10-21-41
Due to:	
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.

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature: Walter Howard (M.D. or other)

Address: Joplin Mo Date signed: 10-24-41

NOV 28 1941

S-35254