V. S. No. 2
OM—8-43
ev. 5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 13 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

34441

State File No.

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 227

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
600 W. Central 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution - - - (Specify whether
In this community 10 weeks
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49
(c) City or town Carthage 1
(If outside city or town limits, write "RURAL") 3
(d) Street No. 600 W. Central
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country - - - 0

3. (a) PRINT FULL NAME Nancy Ann Edmonds

3. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife Newton J. Edmonds
6. (c) Age of husband or wife if alive - - years
7. Birth date of deceased March (Month) 31 (Day) 1854 (Year)

8. AGE: Years 90 Months 6 Days 21 If less than one day hr. min.

9. Birthplace Kenmundy (City, town, or county) / Illinois (State or foreign country)
10. Usual occupation At Home
11. Industry or business None

FATHER
12. Name Samuel Wantland
13. Birthplace Unknown (City, town, or county) / Alabama (State or foreign country)

MOTHER
14. Maiden name Eliza Craig
15. Birthplace Unknown (City, town, or county) / Tennessee (State or foreign country)

16. (a) Informant Mrs. John Harris
(b) Address 600 W. Central, Carthage, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 24, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Springfield, Mo.
18. (a) Signature of funeral director Knell Mortuary
(b) Address Carthage, Missouri
19. (a) Oct. 24 '44 (Date received local registrar) (b) Elizabeth Couplin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 22
year 1944 hour 10:10 minute 4 M.
21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw ~~her alive~~ did not see her alive, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Senility
Due to
Due to 162 b
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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)
(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 3

23. Signature R. W. Webster Coroner (M. D. or other)
Address Carthage Mo Date signed Oct 23 '44

1203

(Licensed Embalmer's Statement on Reverse Side)

44-11-903

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 Emma L. Neel

Licensed Embalmer No. 391

P. O. Address Carthage

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, fact should be so stated above.