V. S. No. 2
100M—8-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 34497

FILED NOV 13 1944

Registration District No. _____ Primary Registration District No. 2001 Registrar's No. 515

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: Freeman
(If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution: 1hour (Specify whether years, months or days)
In this community: 45 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jasper 49
(c) City or town: Joplin
(If outside city or town limits, write "RURAL")
(d) Street No.: 609 Byers
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Mrs Nancy L Stone
3. (b) If veteran, name war: No
3. (c) Social Security No.: No
4. Sex: Femame
5. Color or race: W
6. (a) Single, widowed, married, divorced: W
6. (b) Name of husband or wife: James Brasher
6. (c) Age of husband or wife if alive: Deceased years
7. Birth date of deceased: October (Month) 22 (Day) 1865 (Year)

8. AGE: Years 79 | Months 0 | Days 5 | If less than one day ____ hr. ____ min.

9. Birthplace: Springfield Mo. (City, town, or county) 0 (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
MOTHER 12. Name: C. B. Bruton
13. Birthplace: Missouri (City, town, or county) 0 (State or foreign country)
FATHER 14. Maiden name: Manala Brown
15. Birthplace: Missouri (City, town, or county) 0 (State or foreign country)
16. (a) Informant: Mrs. Ben walker
(b) Address: 609 Byers Joplin, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: OCT. 30 44 (Month) (Day) (Year)
(c) Place: burial or cremation: Fairview Cem.
18. (a) Signature of funeral director: Hurlbut Und Co.
(b) Address: Joplin, Mo
19. (a) 10-28-44 (Date received local registrar) (b) Gertrude Shedhatter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 27 year 1944 hour 10 minute 00 A.M.
21. I hereby certify that I attended the deceased from 10/26, 1944 to 10/27, 1944 that I last saw h. ex alive on 10/27, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardio-Vascular Fatigue -	
Due to: overweight + age	
Due to: 930	
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: 0

23. Signature: R M James (M. D. or other)
Address: Joplin, Mo Date signed: 10-27-44

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

1014 (Licensed Embalmer's Statement on Reverse Side)

44-11-865

NOV 16 1944

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 Perry K. Hurlbut

Licensed Embalmer No. 959

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, fact should be so stated above.