

S. No. 2  
M-5-43  
v. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED FEB 24 1945

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 6867  
Registrar's No. 83

Registration District No. 156 Primary Registration District No. 2001

19  
29  
5  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County Jasper  
(b) City or town Joplin  
(c) Name of hospital or institution: Freeman Hospital  
(If not in hospital or institution, write street number or location) 0  
(d) Length of stay: In hospital or institution 12 days  
In this community 50 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jasper 49  
(c) City or town Joplin 2  
(If outside city or town limits, write "RURAL") 5  
(d) Street No. 1729 1/2 Main  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Nancy Gooding  
3. (b) If veteran, name war  
3. (c) Social Security No.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month February day 9  
year 1945 hour 7 minute 20 A.M.  
21. I hereby certify that I attended the deceased from of Jan 45 to 24<sup>th</sup> of Feb 1945  
that I last saw her alive on 2/8/45 and that death occurred on the date and hour stated above.

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 August 8, 1877  
(Month) (Day) (Year)

Immediate cause of death diabetes  
Due to  
Due to 61  
Other conditions gangren of Rt foot  
(Include pregnancy within 3 months of death)  
Major findings: rt foot removed  
Of operations 2-7-45  
Of autopsy

8. AGE: Years Months Days If less than one day  
67 6 1 hr. min.

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?  
While at work? (Specify type of place) (e) Means of injury

9. Birthplace Purdy Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation housewife  
11. Industry or business

PHYSICIAN  
Underline the cause to which death should be charged statistically.  
23. Signature J. Schmitt (M. D. or other)  
Address Joplin Mo Date signed 2/9/45

MOTHER, FATHER {  
12. Name William Coatney  
13. Birthplace Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Nancy Marrins  
15. Birthplace France  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Thelma Stevenson  
(b) Address 1729 1/2 Main, Joplin, Missouri  
17. (a) burial (b) Date thereof 2/12/45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Osborne Memorial Park  
18. (a) Signature of funeral director PARKER-HUNSAKER  
(b) Address 1502 Joplin, Joplin, Missouri  
19. (a) 2-10-45 (b) J. G. Schmitt  
(Date received local registrar) (Registrar's signature)

45-2-140

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 *F. M. Jones*.....

Licensed Embalmer No. *7319*.....

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.