

1939 JUL 15 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

39934
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 411
(b) Township Green Primary Registration District No. 13007 Registered No. _____
(c) City Joplin MO (d) Street No. St. Johns Hospital St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Baby Whittington St. Exeter, Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) X

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF X

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-9-39

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 0 0

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Still born
9. Industry or business in which work was done, as saw mill, bank, etc. Still born
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Joplin MO

FATHER 13. NAME Esten Whittington

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Berry Co. MO

MOTHER 15. MAIDEN NAME Marjorie Maynard

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Berry Co. MO

17. INFORMANT (ADDRESS) William Maynard
Presse City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Presse City DATE 11/9/39

19. FUNERAL DIRECTOR (ADDRESS) W. O. Henderson
Presse City Mo

20. FILED 11-10-39 Ed B. Jamieson Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-9-39

22. I HEREBY CERTIFY, That I attended deceased from 11-9-39 to 11-9-39

I last saw him at Stillborn 1939. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

Still born
Hydrocephalus
(Full Term)
Date of onset _____

Other contributory causes of importance:

Name of operation Extraction Date of 11-9-39

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1939

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify: _____ (Signed) William Maynard, M. D.

(Address) Joplin Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 6,

District File Number 1239-2480

Date Filed DEC 7 1939

STATEMENT BY LICENSED EMBALMER

I, not embalmed, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

L. E.

No. or by....., Registered Apprentice No.
working under my personal supervision.

Signed.....

Licensed Embalmer No.

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.)