

REC'D JUL 20 1938

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

D. J. Jans
21864
Do not use this space.

1. PLACE OF DEATH

(a) County Greene Registration District No. 316
(b) Township _____ Primary Registration District No. 2001 Registered No. 486
(c) City Springfield (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. 621 St. Johns St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 15-1938

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. Infant
9. Industry or business in which work was done, as saw mill, bank, etc. _____
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) Springfield, Mo.

FATHER 13. NAME Russell Morris

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield, Mo.

MOTHER 15. MAIDEN NAME Madeline Murray

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield, Mo.

17. INFORMANT (ADDRESS) Russell Morris, Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Hill DATE July 16, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) F. E. Bahmer, 158 E. Walnut, Springfield, Mo.

20. FILED June 18, 19 Chas. Allorge, Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1938 to July 16, 1938
I last saw her alive on July 16, 1938 Death is said to have occurred on the date stated above, at 10:4 a.m.
The principal cause of death and related causes of importance were as follows:

Prematurity - 26th wk Date of onset _____
16 2/3

Other contributory causes of importance: Acute Hydranion and Premature Rupture of placenta

Name of operation _____ Date of _____
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 _____, 19____
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) Joseph J. Jans, M. D.

(Address) Springfield, 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.

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,

Not Embalmed

, or by

Registered Apprentice No., working under my personal supervision.

Signed

M. L. Canaday

Licensed Embalmer No.

34345

P. O. Address

Springfield, 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, above space should be left blank.