REC'D AUG 10 1938

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

25582
Do not use this space.

1. PLACE OF DEATH
(a) County Jasper — Registration District No. 408
(b) Township Marion — Primary Registration District No. 3020 — Registered No.
(c) City Carthage — (d) Street No. McCune-Brooks 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 Infant daughter of Hollis + Louise Mann
(a) Residence, No. 222 N. Francis St. (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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 9, 1938
7. AGE YEARS 0 MONTHS 0 DAYS 0 If LESS than 1 day, 14 hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
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) Carthage Missouri
FATHER
13. NAME Hollis Johnson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mt. Vernon Missouri
MOTHER
15. MAIDEN NAME Louise Mann
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Webb City Missouri
17. INFORMANT (ADDRESS) Hollis Johnson Carthage, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Park Cemetery DATE July 10, 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Knell Mortuary Carthage, Mo.
20. FILED July 10, 1938 E. J. McIntire, M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 9, 1938
22. I HEREBY CERTIFY That I attended deceased from July 9, 1938 to July 9, 1938
I last saw her alive on July 9, 1938 Death is said to have occurred on the date stated above, at 9 p m.
The principal cause of death and related causes of importance were as follows:
premature birth 7 1/2 no gestation
Date of onset
Other contributory causes of importance: 159
none
Name of operation none Date of
What test confirmed diagnosis? physical Was there an autopsy? no
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? no
If so, specify
(Signed) George L. Wood, M. D.
865 (Address) Carthage Mo.

(Licensed Embalmer's Statement on Reverse Side)

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, ...

....., or by .....

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

Signed.....

Licensed Embalmer No. 391

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.