REC'D AUG 24 1938

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

25663
Do not use this space.

1. PLACE OF DEATH
(a) County Jasper — Registration District No. 406
(b) Township Joplin Twp — Primary Registration District No. 5560 — Registered No. 23
(c) City Webb — (d) Street No. Webb Mine 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 Wenzlow William Hollingsworth
(a) Residence, No. Carl Junction St.
(Usual place of abode, if no street address, write county or city) (If not resident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 4 1914
7. AGE Years 24 Months 6 Days 3 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Miner
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) Carl Junction Missouri

FATHER
13. NAME Tom Hollingsworth
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carterville Mo

MOTHER
15. MAIDEN NAME Lillian Anderson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Orano Co. Missouri

17. INFORMANT (ADDRESS) Mrs Lillian Hollingsworth Carl Moreland 2 mi S Joplin
18. BURIAL, CREMATION, OR REMOVAL Pleasant Hill Cem 7-10-38
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Heuerlein and Co Joplin Mo
20. FILED July 9 1938 Tom Rooney Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 7 1938
22. I HEREBY CERTIFY, That I attended deceased from ....19.... to ....19.... I last saw him alive on July 7 1938. Death is said to have occurred on the date stated above, at 5 p.m. 7/7/38
The principal cause of death and related causes of importance were as follows:

Death by crushed waist, chest and mangled legs 2 hrs

Date of onset

Other contributory causes of importance: Slab caving and roof — drift

Name of operation none Date of —
What test confirmed diagnosis? — Was there an autopsy? Inquest

26. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 7/7/1938
Where did injury occur? Webb Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Mine
Manner of injury Mining
Nature of injury Crushed body
24. Was disease or injury in any way related to occupation of deceased? Yes
If so, specify Working in and around mines
(Signed) J. J. Hinchcliffe Coroner, M. D.
(Address) Joplin Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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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 Steve Parker

Licensed Embalmer No. 2548

P. O. Address Joplin MO

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

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