J. R. Kuhn
Frisco Bldg

DEC'D SEP 23 1938

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

29177
Do not use this space.

1. PLACE OF DEATH
(a) County Jasper
(b) Township Galena
(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.

Registration District No. 411
Primary Registration District No. 2002 Registered No.

2. PRINT FULL NAME Janice Kinmouth Childress 436
(a) Residence, No. Moana Apt. 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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Carl Childress
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 17-1913
7. AGE YEARS 25 MONTHS 9 DAYS 4 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) Joplin, Mo. 0

FATHER
13. NAME Tom Kinmouth 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Joplin, Mo. 0

MOTHER
15. MAIDEN NAME Nancy Hall
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Carl Childress Moana Apt
18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Mount Hope Cem. DATE Aug 22 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Thornhill-Dillon Joplin, Mo
20. FILED 8-25 1938 Ed D Jones Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 21, 1938
22. I HEREBY CERTIFY, That I attended deceased from 8-15-, 1938, to 8-21-, 1938.
I last saw her alive on 8-21-, 1938 Death is said to have occurred on the date stated above, at 12:25 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Vaso-Motor Colapse	8/17/38
149a	

Other contributory causes of importance:

Name of operation Cesarean Section Date of 8-15-38.
What test confirmed diagnosis? 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) J. R. Kuhn Jr., M. D.
(Address) Joplin Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 6-38-195
Date Filed 9/20/38

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, ...
David Dillon, or by .....

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

Signed David Dillon

Licensed Embalmer No. 3898

P. O. Address Joplin, Mo

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

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