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.

REC'D NOV 17 1938

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

37132
Do not use this space.

1. PLACE OF DEATH
(a) County Webster — Registration District No. 896
(b) Township Ozark — Primary Registration District No. 6198 — Registered No. 31
(c) City ..... (d) Street No. ..... 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 X yrs. X mos. 3 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 560 Shirley Jean Joiner
(a) Residence, No. Cassville, Missouri 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: X X
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 7, 1934
7. AGE: YEARS 4 — MONTHS 5 — DAYS 25 — If LESS than 1 day, ... hrs. or ..... min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Webster Co., Mo.

FATHER
13. NAME: John Joiner
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Marshfield, Mo.

MOTHER
15. MAIDEN NAME: Rosena McGowan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Texas Co., Mo.

17. INFORMANT (ADDRESS): David McGowan, Marshfield, Mo.
18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Marshfield, Mo. DATE Nov. 3, 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Rex Rainey 824 Marshfield, Mo.
20. FILED Nov 5, 1938 Elizabeth Hoffer, Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 2, 1938
22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1938, to Nov 2, 1938
I last saw her alive on Nov 2, 1938. Death is said to have occurred on the date stated above, at 4 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diptheria	10-30-38
10	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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) A. E. Todd, D. C. M. D.
(Address) Marshfield, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 6-38-621
Date Filed NOV 15 1938

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, x Rex Rainey, or by x x x

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

Signed Rex Rainey

Licensed Embalmer No. 3812

P. O. Address Marshfield, 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.