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

DEC 5

40518
Do not use this space.

1. PLACE OF DEATH
(a) County Stoddard — Registration District No. 837
(b) Township Castor — Primary Registration District No. 2-508
(c) City Bloomfield — (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. .....

2. PRINT FULL NAME 520 Nellie M. Johns
(a) Residence, No. ..... 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: F.
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: August Johns

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 20, 1880

7. AGE: Years 58 — Months 8 — Days 3 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: House Wife
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): Bloomfield, Mo.

FATHER
13. NAME: Howard Presley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tennessee

MOTHER
15. MAIDEN NAME: Lou. V. Lawson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn.

17. INFORMANT: August Johns
(ADDRESS) Bloomfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bloomfield, Mo. DATE Nov. 25, 1938

19. FUNERAL DIRECTOR (NAME) Chiles Und. Company
(ADDRESS) Bloomfield, Mo.

20. FILED Nov. 28, 1938 Leonie Punch
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 8, 1938, to Nov. 23, 1938
I last saw h. alive on Nov. 23, 1938. Death is said to have occurred on the date stated above, at 6:38 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	11/9/38
93 hr	
Other contributory causes of importance:	
Prostatic Hypertrophy	10/8/38

Name of operation ..... Date of .....
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) John H. Lilly, M. D.
(Address) Bloomfield, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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MAR 2 1945

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, Howard Cooper, or by _____,

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

Signed Howard Cooper

Licensed Embalmer No. 3996

P. O. Address Bloomfield, 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.