

REC'D JAN 24 1939

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

44047  
Do not use this space.

1. PLACE OF DEATH

(a) County Raymond Registration District No. 651  
 (b) Township Little France Primary Registration District No. 5862 Registered No. 130  
 (c) City ..... (d) Street No. .... St.  
 (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

(a) Residence, No. Infant of Mrs. Mrs. Floyd Joiner  
Maple Court 1770 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 Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-20-1938  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. Still born  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as a 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) Penicott Co. Mo.  
 FATHER 13. NAME Floyd Joiner  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Piggott Mo.  
 MOTHER 15. MAIDEN NAME Ora Lides  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Courthouseville Mo.  
 17. INFORMANT (ADDRESS) Floyd Joiner  
Maple Court 1770  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Cemetery DATE 12-20-38  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. H. Smith  
Courthouseville Mo.  
 20. FILED Dec. 21 1938 Ada Martin  
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-20-1938  
 22. I HEREBY CERTIFY That I attended deceased from 12-20-1938 to 12-20-1938  
 I last saw him alive on 12-20-1938, 19... 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:  
Breech delivery  
slow birth & pressure on cord  
 Date of onset  
 Other contributory causes of importance:  
 Name of operation ..... Date of .....  
 What test confirmed diagnosis? ..... Was there an autopsy? .....  
 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? .....  
 If so, specify .....  
 (Signed) W. H. Smith, M. D.  
 585 (Address) Courthouseville Mo.

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.

RECEIVED

District Health Officer No. 3

District File Number 39-94

Date Filed 1-9-39

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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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**