

REC'D FEB 15 1939

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

2699

Do not use this space.

PLACE OF DEATH

(a) County Jasper Registration District No. 417
 (b) Township JOPPIN Primary Registration District No. 3021 Registered No. 5
 (c) City Webb City Mo. (d) Street No. Sanne Chinn 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 yes yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME HAROLD J. JOHN

(a) Residence, No. Alba Mo. 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 Male 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 Yrethel Knight
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 21 1902
 7. AGE YEARS 36 MONTHS 11 DAYS 16 If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Times Keeper
 9. Industry or business in which work was done, as saw mill, bank, etc. W.P.A.
 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) Alba Mo.13. NAME Fay John14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jill Mo.15. MAIDEN NAME Minnie Wellfong16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jasper Mo.17. INFORMANT (ADDRESS) Yrethel John Wife Alba Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Friends Cemetery DATE Jan 8 193919. FUNERAL DIRECTOR (NAME) (ADDRESS) Oliver Funeral Home Carthage Mo.20. FILED JAN. 7. 39. 19 J. P. Schexmo Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/6/39

22. I HEREBY CERTIFY, That I attended deceased from approx 4:30 1938, to 1-6-39, 1939
 I last saw him alive on 1-6-39 1939 Death is said to have occurred on the date stated above, at 5:45 a.m.
 The principal cause of death and related causes of importance were as follows:

Acute Nephritis
 Date of onset 1/24/38

Other contributory causes of importance:

Lung Abscess

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 _____, 1939Where 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) C. T. Gresham M. D.(Address) Webb City Mo.

130
FEB 10 1939
6-39-212

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 Ed. C. McMin
Licensed Embalmer No. 2222

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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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1. PLACE OF DEATH

(a) County Jaaper Registration District No. 417
 (b) Township West city Primary Registration District No. 3021
 (c) City West city (d) Street No. _____ Registered No. _____
 (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 Harold J. John

(a) Residence, No. _____ 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

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/6, 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

22. I HEREBY CERTIFY, That I attended deceased from

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

19 to 19 , 19

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
36 11 16

I last saw h. _____ alive on _____, 19 . Death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as 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

Date of onset

acute nephritis
chronic nephritis
10/5

Other contributory causes of importance:

lung abscess
labour pneumonia

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED _____ 19

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) G. J. Gregory, M. D.

(Address) West city Mo

Local Registrar.

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MEM 12 MEM