

1939 MAY 18 1939

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

15164  
Do not use this space.

1. PLACE OF DEATH

(a) County JASPER Registration District No. 411  
 (b) Township Joplin Primary Registration District No. 2092 Registered No. \_\_\_\_\_  
 (c) City Joplin (d) Street No. St John's 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 28 yrs. 3 mos. 20 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME JUANITA QUALLS MALLORY

(a) Residence, No. 215 E. 16th 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 J. E. Mallory, Jr.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 24, 1910.

7. AGE YEARS 28 MONTHS 3 DAYS 20 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home

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) Aurora (STATE OR COUNTRY) Missouri

13. NAME Otis Qualls

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

15. MAIDEN NAME Unknown

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

17. INFORMANT J. E. Mallory, Jr. (ADDRESS) 215 E. 16th Joplin, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bank Mem. DATE 4-15-39

19. FUNERAL DIRECTOR (NAME) Lanahan Mortuary (ADDRESS) Joplin, Mo.

20. FILED 4-15-39 E. J. James Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 13, 1939.

22. I HEREBY CERTIFY That I attended deceased from March 29, 1939 to April 13, 1939

I last saw him alive on 4/13, 1939 Death is said to have occurred on the date stated above, at 3:35 A.M.

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

Septicemia Date of onset \_\_\_\_\_

Other contributory causes of importance:

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Pneumonia & 3-4 month pregnancy - miscarriage  
 Name of venereal disease \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? X-ray 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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_ (Address) Joplin, Mo.  
 (Signed) J. E. Mallory, Jr. M. D.

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.

STATE DEPARTMENT RECORD

RECEIVED

District Health Officer No. 6,

District File Number 6-5-39-1114

Date Filed MAY 15 1939

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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 F. M. Jordan

Licensed Embalmer No. 2319

P. O. Address Joplin 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.**