

MAY 18 1939

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

15664

Do not use this space.

1. PLACE OF DEATH

(a) County Newton Registration District No. 1046
(b) Township Shoal Creek Primary Registration District No. 5810
(c) City Joplin or (d) Street No. Rt # 2 Joplin 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.

2. PRINT FULL NAME Noxa Belle Johnson

(a) Residence, No. Rt # 2 Joplin 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 Hoare A. Johnson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 5, 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 9 21

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) Matamoras, Ill.13. NAME Timothy Tanner14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.15. MAIDEN NAME Mary Fortner16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana17. INFORMANT (ADDRESS) Hoare A. Johnson18. BURIAL, CREMATION, OR REMOVAL PLACE Barter Springs, Kansas DATE April 28, 193919. FUNERAL DIRECTOR (NAME) (ADDRESS) Thornhill Dillon
Joplin, Mo.20. FILED 4-27-39 Ed B. Jarner
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 26, 193922. I HEREBY CERTIFY, That I attended deceased from April 10, 1939 to April 26, 1939I last saw her alive on April 20, 1939 Death is saidto have occurred on the date stated above, at 7:40 A.M.
The principal cause of death and related causes of importance were as follows:Myocarditis, Chs. 1938Other contributory causes of importance: gpc

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) H. C. Galtner, M. D.(Address) Joplin, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 No. & Officer No. 6,

District File Number 6-5-39-1126

Date Filed MAY 15 1939

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.....

Don Tetrick

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Don Tetrick

Licensed Embalmer No.....

4008

P. O. Address.....

Joplin, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.