REC'D SEP 14 1939

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

29454
Do not use this space.

1. PLACE OF DEATH
(a) County Jasper Registration District No. 411
(b) Township [illegible] Primary Registration District No. 5569 Registered No.
(c) City Bellville - Joplin (d) Street No. Hi-Way south of Belleville - R. 3 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 550 Yvonne Scott Denman
(a) Residence, No. 2205 Joplin St. 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 16, 1918

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
20	8	20	

OCCUPATION
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. Housekeeper
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) Joplin, Missouri

FATHER
13. NAME Jason Scott
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER
15. MAIDEN NAME Minnie Berry
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Minnie Berry Joplin, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ozark Memorial DATE 8-8-39 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Thornhill-Dillon Joplin, Mo.

20. FILED 8-7 1939 Ed D James
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 5, 1939

22. I HEREBY CERTIFY, That I attended deceased from 8-5 1939, to 8-5 1939
I last saw her dead alive on Aug. 5 1939. Death is said to have occurred on the date stated above, at 10:45 a.m. A.M.
The principal cause of death and related causes of importance were as follows:

Fractured neck and crushed chest
Automobile accident

Date of onset

Other contributory causes of importance:
Driving too fast and car failed to make curve and turned over

Name of operation none Date of —
What test confirmed diagnosis? — Was there an autopsy? In vestigation

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 8/5/1939
Where did injury occur? Jasper County Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Highway
Manner of injury Automobile turned over
Nature of injury Fract. neck & crushed chest

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) A. S. Winchester, 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.

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

1 X14028

RECEIVED

District Health Officer, No. 6,

District File 939-1795

Date Filed SEP 7 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, ...

Cecil A. Thornhill, or by .....,

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

Signed Cecil A. Thornhill

Licensed Embalmer No. 5590

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.