. No. 2
—1/47
5-17-39

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 12 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Mahoney

16747

State File No.

Registration District No. 155

Primary Registration District No. 3127

Registrar's No. 84

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Webb City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jane Chinn Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community All of life.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Joplin 2
(If outside city or town limits, write "RURAL")
(d) Street No. 326 N Oak St. 5
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Johnnie Dale Carson
3. (b) If veteran, name war — 3. (c) Social Security No. —
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March 16 (Month) 1948 (Day) (Year)

8. AGE: Years — Months 2 Days 12 If less than one day br. min.

9. Birthplace Webb City (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation —
11. Industry or business —

FATHER
12. Name John A. Carson
13. Birthplace Columbus, Kansas (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name Amy Howard
15. Birthplace Missouri (City, town, or county) (State or foreign country) 0

16. (a) Informant John A. Carson
(b) Address 326 N. Oak St., Joplin MO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6-1-48 (Month) (Day) (Year)
(c) Place: burial or cremation FAIRVIEW. Cem.
18. (a) Signature of funeral director Hurlbut Glover
(b) Address 422 Sergeant, Joplin, Mo.
19. (a) JUNE 1, 1948 (Date received local registrar) (b) [signature] (Registrar's signature) 1-37

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28 year 1948 hour 5 minute 0 A.M.

21. I hereby certify that I attended the deceased from May 26, 1948, to May 28, 1948; that I last saw him alive on May 27, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchial-Pneumonia	36 hrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy
10

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury 2

23. Signature R. A. Mahoney (M. D. or other) Do
Address Joplin Mo Date signed 5/28/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

48-5-489

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 Dale Glover Registered Apprentice No. 87 working under my personal supervision.

Signed Perry K Hurlbut

Licensed Embalmer No. 959

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, fact should be so stated above.

Dr. Price Hitt