

REC'D APR 21 1939

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

11178  
Do not use this space.

1. PLACE OF DEATH

(a) County JASPER Registration District No. 411  
 (b) Township SARONA Primary Registration District No. 2002 Registered No. \_\_\_\_\_  
 (c) City JOPLIN (d) Street No. FREEMAN 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 1509 JACKSON 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 AMANDA L.  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCT 30, 1854  
 7. AGE YEARS 84 MONTHS 5 DAYS 1 If LESS than 1 day, ..... hrs. or ..... min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. CONTRACTOR  
 9. Industry or business in which work was done, as saw mill, bank, etc. MINING MILLS  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-31-39 1939  
 22. I HEREBY CERTIFY, That I attended deceased from 3-23 1939, to 3-31 1939  
 I last saw him alive on 3-31 1939 Death is said to have occurred on the date stated above, at 5:30 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Arteriosclerosis of Left Femoral Artery with rupture  
Sensitized Arteriosclerosis  
 Date of onset \_\_\_\_\_  
 Other contributory causes of importance: 7/2  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes  
 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? Yes  
 If so, specify \_\_\_\_\_  
 (Signed) W. W. Whittier M. D.  
 (Address) Joplin Mo

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) INDIANA  
 FATHER 13. NAME JACKSON O. P. MYERS  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) INDIANA  
 MOTHER 15. MAIDEN NAME MARIE COOPER  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN  
 17. INFORMANT (ADDRESS) MRS ORA Seaph  
1509 JACKSON, JOPLIN, MO.  
 18. BURIAL, CREMATION, OR REMOVAL Starburm Cem DATE 4-1 1939  
 19. FUNERAL DIRECTOR (NAME) Hughes Wood Co.  
 (ADDRESS) 212 Joplin St. Joplin Mo  
 20. FILED 4-1 1939 Ed D. James  
 Local Registrar.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--- THIS IS A PERMANENT RECORD

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.

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RECEIVED

District Health Officer No. 6,

District File Number 6-39-873

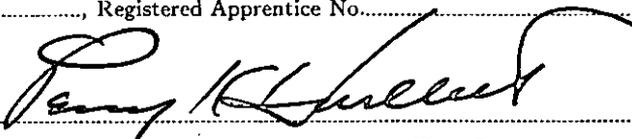
Date Filed APR 12 1939

JUL 6 1948

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..... 

Licensed Embalmer No. 959.

P. O. Address Green River

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.