

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. \_\_\_\_\_

FILED MAR 11 1940

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Joplin  
(c) Name of hospital or institution: 1710 Byers  
(If outside city or town limits, write "RURAL" and name of township)  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 38 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Charles H. Dwyer

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Bertha 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Sept. 19, 1873  
(Month) (Day) (Year)

8. AGE: Years 66 Months 5 Days 4 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Michigan  
(City, town, or county) (State or foreign country)

10. Usual occupation Agent

11. Industry or business Zinc Company

12. Name Charles D. Dwyer

13. Birthplace Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Josephine Wyszoff

15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Bertha Dwyer

(b) Address Joplin, Mo.

17. (a) Buried (b) Date thereof 2-27-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope

18. (a) Signature of funeral director Shouhll-Dillon

(b) Address Joplin, Mo.

19. (a) 2-27-40 (b) Ed. James  
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper  
(c) City or town Joplin  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1710 Byers  
(Rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 24<sup>th</sup>  
year 1940 hour 1:30 minute A.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_;  
that I last saw him alive on February 26, 1940  
and that death occurred on the date and hour stated above.  
Immediate cause of death Heart  
Attack

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy view

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury Car  
23. Signature L. T. Wuestheller (M. D. or other)  
Address Joplin, Mo. Date signed 2-26-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

50M-5-17-39  
Rev. 5-17-39  
1 sheet

RECEIVED

District Health Officer No. 6,

File Number 340-751

Filed MAR 8 1940

1942

JUN 18 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 Don Tetch

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 comply with the above constitutes grounds for revocation of license.)

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