

No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

25451

State File No. _____

FILED AUG 9 1940
Registration District No. 2002

Primary Registration District No. 2002

Registrar's No. _____

1. PLACE OF DEATH: Jasper Jasper

(a) County Jasper

(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 Years.
In this community _____ years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Jasper

(c) City or town Joplin Missouri;
(If outside city or town limits, write "RURAL")

(d) Street No. 2646 E. 8 th ST.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? NO years.

3. (a) PRINT FULL NAME George B. Myers 1, 20

3. (b) If veteran, name war No

3. (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 Leona

6. (c) Age of husband or wife if 68 years

7. Birth date of deceased Jan. 23, 1865.
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>5</u>	<u>23</u>	hr. min.

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

10. Usual occupation Carpenter

11. Industry or business John Myers

MOTHER FATHER

12. Name John Myers

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

14. Maiden name Mary Rodner
(City, town, or county) (State or foreign country)

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

16. (a) Informant Leona Myers

(b) Address Joplin Mo;

17. (a) Removal (b) Date thereof July 18, 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WASHINGTON, ILL.

18. (a) Signature of funeral director Hurlbut Und. Co;

(b) Address Joplin MO;

19. (a) 7-17-40 (b) Ed D. Jarney
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16, 40; year _____ hour _____ minute 3-00 A.M.

21. I hereby certify that I attended the deceased from July 11-1940 to July 16 40; that I last saw him alive on July 16 - 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac

Due to Hemorrhage

Due to _____

Other conditions (Include pregnancy within 3 months of death) grip

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to 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? 372
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Ed D. Jarney (Registrar or other) Ed D.
Address Joplin Mo Date signed 7/17/40

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

9
7
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J

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 *Steve D. Parker*

Licensed Embalmer No. *2548*

P. O. Address *Joplin Mo*

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

If this body is not embalmed, fact should be so stated above.