

2
13-40
7-39
X23159

Registration District No. **411** Primary Registration District No. **2002**

1. PLACE OF DEATH:
(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: **Dr. Derfelt's Hospital (W.O.)**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 weeks**
(Specify whether
In this community **5 years**
years, months or days)

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. **114 1/2 Main**
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME **James Boyer**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Jan** day **13**
year **1941** hour **10** minute **20 A.M.**

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Mary** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Nov. 30, 1875**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Jan 1, 1941** to **Jan 13, 1941**
that I last saw him alive on **Jan 13, 1941**
and that death occurred on the date and hour stated above.

8. AGE: Years **65** Months **1** Days **13**
If less than one day hr. _____ min. _____

Immediate cause of death **Heart Block.**
Duration _____

9. Birthplace **Blackwell Missouri**
(City, town, or county) (State or foreign country)

Due to **Lobar pneumonia**
Due to **Heart**

10. Usual occupation **Newspaper vender**

Other conditions (Include pregnancy within 3 months of death) **105**

11. Industry or business _____
12. Name **no record**
13. Birthplace **unknown** (City, town, or county) (State or foreign country)
14. Maiden name **no record**
15. Birthplace **unknown** (City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant **Tom Boyer**
(b) Address **Ft. Smith, Arkansas**
17. (a) **Removal** (b) Date thereof **Jan. 14, '41**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Ft. Smith, Ark**
18. (a) Signature of funeral director **Lanpher Mortuary**
(b) Address **Joplin, Missouri**
19. (a) **1-14-41** (b) **Ed James**
(Date received local registrar) (Registrar's signature)

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 (Specify type of place)
While at work? _____ (e) Means of injury _____
23. Signature **Ed James** (Doctor or other) _____
Address **2114 Joplin** Date signed **1/14/41**

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

46-2-174

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 *F. M. Jones*

Licensed Embalmer No. *2,319.*

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.