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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

14851

State File No.

Registration District No. 411 Primary Registration District No. 2002 Registrar's No.

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: St Johns. Hosp. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 Minutes. (Specify whether
In this community seven years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Joplin (If outside city or town limits, write "RURAL") 2
(d) Street No. 521 Wall street. (If rural, give location) 5
(e) If foreign born, how long in U. S. A.? No -- 0 years.

3. (a) PRINT FULL NAME Samuel Earnest Towers.
3. (b) If veteran, name war Spanish War
3. (c) Social Security No. No
4. Sex M 0
5. Color or race W
6. (a) Single, widowed, married, divorced Married /
6. (b) Name of husband or wife Elzade Towers.
6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased Dec. (Month) 28th (Day) 1877 (Year)
8. AGE: Years 63 Months 4 Days 2 If less than one day hr. min.
9. Birthplace Iowa / (City, town, or county) (State or foreign country)
10. Usual occupation Apartment House prop.
11. Industry or business same
FATHER
12. Name Wm Towers-
13. Birthplace / (City, town, or county) Iowa (State or foreign country)
MOTHER
14. Maiden name ----- Ewing- No record
15. Birthplace 9 (City, town, or county) No record (State or foreign country)
16. (a) Informant Wm Towers
(b) Address 519 Common ave. Joplin Mo
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 4-30th (Month) (Day) 1941 (Year)
(c) Place: burial or cremation Harrison Ark.
18. (a) Signature of funeral director Hurlbut Lind Co. 372
(b) Address Joplin Mo.
19. (a) 5-1-41 (Date received local registrar) (b) Ed D James (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 30th year 1941 hour 10- minute 30 A.M.
21. I hereby certify that I attended the deceased from Jany 4- 1941, to Apr 30 1941; that I last saw him alive on Jany 15 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature H L Weller (M. D. or other) 0
Address Joplin Mo Date signed 4 30 41

(Licensed Embalmer's Statement on Reverse Side)

41-5-481

JUN 1 2 1948

JUN 1 2 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.....

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

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