o. 2
13-40
7-39
X23159

49
2
5

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED JUN 11 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18127

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: 1412 E. 3rd St. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No (Specify whether
In this community 4 MONTHS - years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County JASPER 49
(c) City or town JOPLIN 5
(If outside city or town limits, write "RURAL")
(d) Street No. 1412 E 3rd
(If rural, give location)
(e) If foreign born, how long in U. S. A.? — No 0 years.

3. (a) PRINT FULL NAME WELDON C. MARYMAN JR
3. (b) If veteran, name war — No
3. (c) Social Security No. — No
4. Sex MO
5. Color or race W
6. (a) Single, widowed, married, divorced — No
6. (b) Name of husband or wife — No
6. (c) Age of husband or wife if alive — No years
7. Birth date of deceased JAN (Month) 9th (Day) 1941 (Year)

8. AGE:

Years	Months	Days	If less than one day
0	4	0	4 hr. min.

9. Birthplace JOPLIN (City, town, or county) MO. 0 (State or foreign country)
10. Usual occupation — NONE
11. Industry or business — NONE

FATHER
12. Name WELDON C. MARYMAN SR
13. Birthplace JOPLIN (City, town, or county) MO 0 (State or foreign country)

MOTHER
14. Maiden name WILMA OPAL WADE.
15. Birthplace LIBERAL (City, town, or county) MO 0 (State or foreign country)

16. (a) Informant Weldon C. Maryman
(b) Address 1412 E - 3rd
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5/10/41 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Pk
18. (a) Signature of funeral director Hurlburt Hurd Co
(b) Address Joplin Mo.
19. (a) 5-10-41 (Date received local registrar) W D James (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 9 year 1941 hour minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on 6 05 AM , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocardial Degeneration	
Due to Measles	
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? 372 (Specify type of place)
While at work? (e) Means of injury

23. Signature H L Hurlburt (M. D. or other)
Address Joplin Mo Date signed 5/10/41

(Licensed Embalmer's Statement on Reverse Side)

41-6-517

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 Sam E. Sweeney Jr.

Licensed Embalmer No. 4099

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.