

DEAD JUN 11 1941
7046

Registration District No. _____

Primary Registration District No. 5870

1. PLACE OF DEATH:

(a) County Newton
(b) City or town Rural - Shoal Creek
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 10 Miles S.E. Of Joplin Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether)
In this community 72 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton 73
(c) City or town Rural - Shoal Creek
(If outside city or town limits, write "RURAL")
(d) Street No. 10 Miles S.E. Of Joplin, Mo.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? No 0 years.

3. (a) PRINT FULL NAME Cynthia Louise Hymer

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Richard 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased May 10 1867
(Month) (Day) (Year)

8. AGE: Years 73 Months 10 Days 25 If less than one day hr. min.

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

10. Usual occupation Housewife
Home

11. Industry or business _____

12. Name C.C. West

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

14. Maiden name Sarah Milligan
(City, town, or county) (State or foreign country)

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

16. (a) Informant Maudie Gregory
(b) Address Joplin Mo R#2

17. (a) Burial (b) Date thereof 4-7-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation HORNET CEMETERY

18. (a) Signature of funeral director Hurlbitt Co.
(b) Address 212 Joplin St, Joplin, Mo.

19. (a) 5-10-41 (b) E. D. James
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4
year 1941 hour 1 minute 20 a.m.

21. I hereby certify that I attended the deceased from March 1, 1941 to April 2, 1941;
that I last saw her alive on April 2, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____
Apopoplexy

Due to Hypertensia

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. B. Dummer (M. D. or _____) 0
Address Seneca Missouri Date signed 4-4-41

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 641-907

Date Filed JUN 9 1944

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

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.