

AUG 14 1941

Registration District No. 411

Primary Registration District No. 5569

Registrar's No.

1. PLACE OF DEATH

(a) County Jasper  
(b) City or town Joplin Public Highway  
(c) Name of hospital or institution: U. Main Street  
(d) Length of stay: In hospital or institution Lifetime  
In this community Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Jasper 049  
(c) City or town Webb City - Rural  
(d) Street No. R. R. - 1  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME BASIL LOREE MYERS

3. (b) If veteran, name war none 3. (c) Social Security No. 513-03-8095

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 23 years

7. Birth date of deceased July 18, 1911 (Month) (Day) (Year)

8. AGE: 30 Years 0 Months 10 Days If less than one day hr. min.

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

10. Usual occupation miner

11. Industry or business

MOTHER FATHER { 12. Name Harry Myers

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

14. Maiden name Pearl Camp

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

16. (a) Informant Harry Myers, Jr.

(b) Address 1215 S. 1st St., Okla.

17. (a) Burial (b) Date thereof 7-31-41 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cem.

18. (a) Signature of funeral director Thornhill - Dillon

(b) Address Joplin Mo

19. (a) 7-29-41 (b) Ed B. Jamney (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28 year 1941 hour 5 minute A. M.

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

Immediate cause of death Skull torn off by falling into guard rails of bridge

Due to Left side of body torn off by low guard rail

Other conditions None Major findings: Of operations: None Of autopsy: None

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident (b) Date of occurrence July 28, 1941 (c) Where did injury occur? Joplin Mo (City or town) (County) (State) (d) Did injury occur in or about home, on farm, in industrial place, in public place? On highway between State Road dist

23. Signature R. A. Trotter (M. D. or other) Address Carthage, Mo Date signed July 28

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

41-8-680

SEP 17 1945

JAN 14 1946

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..... *David Dillon*

Licensed Embalmer No. *3898*

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.

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 25336

Registration District No. 411

Primary Registration District No. 5569

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Jasper Public Highway  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution in main Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community 4-5  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jasper  
(c) City or town Shelb City Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. PP-1 Rep Line  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Basile L. Myers

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

4. Sex m 5. Color or race H  
6. (a) Single, widowed, married, divorced \_\_\_\_\_

6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased \_\_\_\_\_  
(Month) (Day) (Year)

8. AGE: Years 30 Months \_\_\_\_\_ Days \_\_\_\_\_  
If less than one day \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name \_\_\_\_\_

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

14. Maiden name \_\_\_\_\_  
(City, town, or county) (State or foreign country)

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

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_  
19. (a) 7-29-41 (b) Ed H. James  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28  
year 1941 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_;  
and that death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_

Duration \_\_\_\_\_

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 \_\_\_\_\_ (M. D. or other) \_\_\_\_\_

Address \_\_\_\_\_ Date signed \_\_\_\_\_

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

SUPPLEMENTARY

S-25336