No. 2
4-13-40
5-17-39
PI X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 15 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31776

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

49 2 3

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2202 Virginia / 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 40 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Joplin 2
(If outside city or town limits, write "RURAL") 3
(d) Street No. 2202 Virginia
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Amanda Myers

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Fem /

5. Color or race W

6. (a) Single, widowed, married, divorced widow 2

6. (b) Name of husband or wife Jake Myers

6. (c) Age of husband or wife if alive years

7. Birth date of deceased July 8, 1858 (Month) (Day) (Year)

8. AGE: Years 83 Months 2 Days 12 If less than one day hr. min.

9. Birthplace Racine (City, town, or county) 0 Missouri (State or foreign country)

10. Usual occupation Retired

11. Industry or business

MOTHER FATHER

12. Name Jessie Beavers

13. Birthplace 9 No record (City, town, or county) (State or foreign country)

14. Maiden name Creida Testerman

15. Birthplace 6 No record (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Earl Murray
(b) Address Joplin, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/22/41 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Park Cem

18. (a) Signature of funeral director Hurlburt Und Co.
(b) Address Joplin, Mo.

19. (a) 9-23-41 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 20 year 1941 hour 1 minute 40 a.m.

21. I hereby certify that I attended the deceased from Sept 19, 1941, to Sept 20, 1941; that I last saw her alive on Sept. 19, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Endocarditis, chr — Duration

Due to Hypertension

Due to Multiple Arthritis

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 186a
10
Of autopsy no
10

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) Accident - fall
(b) Date of occurrence Sept 19 - 41
(c) Where did Injury occur? Home Joplin Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? No (e) Means of injury

23. Signature D. E. Wenzel (Title or other) M.D.
Address 719-20 Friso Bldg Date signed 9/22/41

(Licensed Embalmer's Statement on Reverse Side)

41-10-856

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 Steve D. Parker

Licensed Embalmer No. 2548

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.