S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 13 1942

Registration District No. 411

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2002

State File No. 6926

Registrar's No. 33

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin [illegible]
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St Johns Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Dead on Arrival (Specify whether
In this community 13 years
years, months or days)

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")

(d) Street No. 532 Empire 5
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Delia Hyer

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife

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

7. Birth date of deceased October (Month) 8 (Day) 1876 (Year)

8. AGE:	Years	Months	Days	If less than one day
	65	4	7	hr. min.

9. Birthplace Carthage, Missouri 11
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Wm H. Woolever 1
13. Birthplace Tenn 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Louisa Hill
15. Birthplace Iowa 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Earnest Ryan
(b) Address 532 Empire St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 17, 42
(Month) (Day) (Year)
(c) Place: burial or cremation Hill Crest Galena Kas 2-17-42

18. (a) Signature of funeral director Thornhill-Dillon Mortuary
(b) Address Joplin, Missouri

19. (a) 2-16-42 (Date received local registrar) (b) Gertrude Sudhoeller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 15
year 1942 hour 1:00 minute A M.

21. I hereby certify that I attended the deceased from
, 19 to , 19 ;
that I last saw h Did not see her alive on 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Broken neck
Broken left femur
Due to Automobile accident
Due to
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

170 c
5 2

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence Feb. 15. 42
(c) Where did injury occur? Joplin (City or town) Jasper (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Highway #66
(Specify type of place)
While at work? (e) Means of injury

23. Signature P. A. Webster (M. D. or other) Coroner
Address Carthage, Mo. Date signed Feb 15 42

1204 (Licensed Embalmer's Statement on Reverse Side)

42-2-167

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. 3548

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.