

FILED MAY 22 1945

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 209

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

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: St Johns Joplin, Mo.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: in hospital or institution 6 Days  
(Specify whether years, months or days)

In this community 15 yrs  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Joplin  
(If outside city or town limits, write "RURAL")

(d) Street No. Route 1-- New Addition  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME James B. Dyer Jr.

3. (b) If veteran, name war No.

3. (c) Social Security No. 486-24-6757

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3 year 1945 hour 8 minute 29 P.M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive 1924 years

7. Birth date of deceased: March 7, (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>21</u>	<u>1</u>	<u>26</u>	_____ hr. _____ min.

I hereby certify that I attended the deceased from Apr 28, 1945 to May 3, 1945, that I last saw him alive on May 3, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death: Appendicitis Duration 7 days

Due to \_\_\_\_\_

Due to \_\_\_\_\_

9. Birthplace: Paris Texas (City, town, or county) (State or foreign country)

10. Usual occupation: Laboreor

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Appendiceal abscess

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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

12. Name: James B. Dyer

13. Birthplace: Paris Texas (City, town, or county) (State or foreign country)

14. Maiden name: Francis M. Haywood (City, town, or county) (State or foreign country)

15. Birthplace: Stome County, Arkansas (City, town, or county) (State or foreign country)

16. (a) Informant: James B. Dyer Sr.

(b) Address: Joplin, RR 1 Box 748-A

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 7'45 (Month) (Day) (Year)

(c) Place: burial or cremation: Osborn Mem'l Cem/ H urlbut Und. Co..

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

(b) Address: Joplin, Mo.

19. (a) 5-4-45 (Data received local registrar) (b) Arthur S. Schaller (Registrar's signature)

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 \_\_\_\_\_

Signature: H. F. Weller (M. D. or other) \_\_\_\_\_

Address: Joplin, Mo. Date signed: 5-4-45

45-405-405

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**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 *Terry K. Hulbeck*

Licensed Embalmer No. *959*

P.O. Address *Jasper Mo*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HAND WRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**