S. No. 2
0M—2-43
v. 5-17-39
I X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JAN 21 1946

State File No. 3029

Registration District No. 126

Primary Registration District No. 2001

Registrar's No.

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. John's Hospital O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 Hours (Specify whether

In this community 12 Years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jasper 40

(c) City or town Joplin (If outside city or town limits, write "RURAL") 2

(d) Street No. 824 Sergeant (If rural, give location) 5

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

If yes, name country

3. (a) PRINT FULL NAME Warren Myers

3. (b) If veteran, name war W. War # 2

3. (c) Social Security No.

4. Sex Male O

5. Color or race White

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

6. (b) Name of husband or wife Dorothy Marie Myers

6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased Feb (Month) 7 (Day) 1912 (Year)

8. AGE: Years 33 Months 10 Days 18 If less than one day hr. min.

9. Birthplace Claremore Oklahoma (City, town, or county) 1 (State or foreign country)

10. Usual occupation Baker

11. Industry or business Bakery

FATHER
12. Name Unknown 0
13. Birthplace Unknown (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Jennie McQueen 1
15. Birthplace Unknown (City, town, or county) 1 (State or foreign country)

16. (a) Informant Dorothy Marie Myers

(b) Address 824 Sergeant

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-29-45 (Month) (Day) (Year)

(c) Place: burial or cremation Joplin Ozark Mem

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

(b) Address 305 W. Fourth St. Joplin, Mo.

19. (a) 12-27-45 (Date received local registrar) (b) Ed W [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 25 year 1945 hour 6.25 minute A.M.

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

Immediate cause of death Gun Shot wound Through frontal Bone 22 Cal

Due to Internal Hemorrhage

Due to

Other conditions (Include pregnancy within 3 months of death) 184-4

Major findings: Of operations

Of autopsy Coroners Investigation

Duration

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

(b) Date of occurrence 12/25/45

(c) Where did injury occur? Joplin (City or town) Jasper (County) Mo (State) 122

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home — Cleaning Rifle — Accidentally discharged (Specify type of place)

While at work? No (e) Means of injury 22 Cal Rifle

23. Signature D. W. Hertelt (M. D. or other) DO

Address 2114 Joplin Date signed 12/25/45

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(Licensed Embalmer's Statement on Reverse Side)

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

100491

45-12-1050

JAN 25 1946

MAR 4 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 Cecil A. Thornhill

Licensed Embalmer No. 3590

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.