DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUL 16 1946

State File No. 24010

Registration District No. 136 — 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. Johns Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Days. (Specify whether In this community 28 years 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. 902 Sargent (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Opal Maxine Herron

3. (b) If veteran, name war ✓

3. (c) Social Security No. Yes.

4. Sex Female

5. Color or race W

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

6. (b) Name of husband or wife J.W. Herron Jr.

6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased June (Month) 18 (Day) 1917 (Year)

8. AGE: Years 28 Months 11 Days 28 If less than one day hr. min.

9. Birthplace Southwest County (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name John Keith
13. Birthplace Unknown (City, town, or county) Ark (State or foreign country)

MOTHER
14. Maiden name Alice Keith
15. Birthplace Unknown (City, town, or county) Okla (State or foreign country)

16. (a) Informant J.W. Herron Jr.
(b) Address Joplin Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 18-46 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director Ed C. Ulmer
(b) Address Carthage, Mo.

19. (a) 6-18-46 (Date received local registrar) (b) Ed Ulmer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15 year 1946 hour 10 minute 00 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 Rupture of Spleen — Duration 170 E 8

Due to Auto accident & Ribs fractured - Left

Due to Forearm also.

Other conditions (Include pregnancy within 3 months of death) Investigation

Major findings: Of operations Dr Defelts Assistant

Of autopsy

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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) Auto accident

(b) Date of occurrence June 11, 1946 12 A

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

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Near Stock Yards (Specify type of place)

While at work? No (e) Means of injury Auto

23. Signature Dr Ralph E. Irish (M.D. or other) D.O.

Address 2114 Joplin, Joplin Mo. Date signed 6-15-46

Call with other M.Dep

(Licensed Embalmer's Statement on Reverse Side)

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

46-6-560

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 Ed [illegible]

Licensed Embalmer No. 2222

P. O. Address Carthage

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.