

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: Freeman Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 7 weeks
(Specify whether years, months or days)
 In this community 46 years

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. 1828 Joplin St
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME NEIL DWYER
 (b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month January day 6
 year 1947 hour 8 minute P M.
 21. I hereby certify that I attended the deceased from 3-15-1944 to 1-6-1947
 that I last saw her alive on 1-6-1947
 and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married
 (b) Name of husband or wife Joseph (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased March 20 1894
(Month) (Day) (Year)

Immediate cause of death Diabetes mellitus
Hypertension
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years 52 Months 9 Days 17 If less than one day _____ hr. _____ min.

9. Birthplace Lamar Mo
(City, town, or county) (State or foreign country)
 10. Usual occupation House wife
 11. Industry or business _____
 12. Name Levi O. Glover
 13. Birthplace Herman Mo
(City, town, or county) (State or foreign country)
 14. Maiden name Lula Wright
 15. Birthplace Millersburg Mo
(City, town, or county) (State or foreign country)

Major findings:
 Of operations _____
 Of autopsy _____

16. (a) Informant Joseph Dwyer
 (b) Address 1828 Joplin St
 17. (a) Burial (b) Date thereof Jan 9-1947
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Mount Hope Bur
 18. (a) Signature of funeral director Harrell Dillon
 (b) Address Joplin Mo
 19. (a) 1-7-47 (b) _____
(Date received local registrar) (Registrar's signature)

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 _____
 23. Signature Ed D Jones (M. D. or other) _____
 Address Joplin Mo Date signed 1-2-47

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
1-14-46

JAN 22 1947

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..... *David Nelson*

Licensed Embalmer No. *3898*

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.