S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38663

FILED DEC 9 1947

Registration District No. 756

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: Elks Club
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community: 15 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.: 401 North Pearl Street
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Alvah C. Maynard
3. (b) If veteran, name war:
3. (c) Social Security No.

4. Sex: male
5. Color or race: white
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Gladys
6. (c) Age of husband or wife if alive: 49 years
7. Birth date of deceased: March (Month) 5 (Day) 1885 (Year)

8. AGE: Years 62 Months 7 Days 18 If less than one day hr. min.

9. Birthplace: Erie (City, town, or county) Penn (State or foreign country)
10. Usual occupation: Public Accountant
11. Industry or business:
FATHER
12. Name: Benjamin Maynard
13. Birthplace: dont know (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name:
15. Birthplace: (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs Alvah C Maynard
(b) Address: 401 North Pearl Street
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Oct 25-1947 (Month) (Day) (Year)
(c) Place: Burial or cremation: Ozarl Memorial Cemetery
18. (a) Signature of funeral director: Thornhill-Dillon Mortuary
(b) Address: Joplin, Missouri
19. (a) 10-24-47 (Date received local registrar) (b) Dolores Lamphus D.R. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 23 year 1947 hour 6 a. minute 6 p. M.

21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death: Coma

Due to: Occlusion

Due to:

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

Major findings:
Of operations: Cyst

Of autopsy: Coronary Thrombosis

Duration

PHYSICIAN: Underline the cause of 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? (Specify type of place)
While at work?
(e) Means of injury
Signature: H. L. Dillon (M.D. or other) M.D.
Address: Joplin Date signed 10/23/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

47-11-933

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 Jesse O. Sullins, Registered Apprentice No. 99, working under my personal supervision.

Signed Erling M. Dunagy

Licensed Embalmer No. 3566

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.