

No. 2
-12-45
-17-39
X47070

STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1555

State File No. _____

FILED FEB 4 1948

Registration District No. 155

Primary Registration District No. 5579

Registrar's No. 15

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Mineral
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jasper Co. TB Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 month
(Specify whether
In this community All her life
years, months or days)

3. (a) PRINT FULL NAME William Thomas Byers
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race Wh
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 28 1890
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 6 23 hr. min.

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

10. Usual occupation Miner

11. Industry or business _____

12. Name W. T. Byers

13. Birthplace Princeton Mo
(City, town, or county) (State or foreign country)

14. Maiden name Prima Coates

15. Birthplace Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Acanda

(b) Address _____

17. (a) Burial (b) Date thereof 1-22-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Park Cem.

18. (a) Signature of funeral director Parker-Hunsaker

(b) Address 1502 Joplin, Joplin Mo.

19. (a) JAN 22; 1948 (b) H. C. [Signature]
(Date received local registrar) (Registrar's signature)

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. 1801 East 19th Street
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 20
year 1948 hour 10 minute 33 A.M.

21. I hereby certify that I attended the deceased from Dec 24 1947 to Jan 20 1948
that I last saw him alive on Jan 20 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Sibilis Pulmonaris

Due to _____
Due to _____

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

Major findings: Of operations 3B

Of autopsy _____

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 0

Signature Jessie E. Douglas (M. D. or other)

Address Joplin City Mo Date signed 1/20/48

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

49
2
5
1

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

FEB 9 1944

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 F. M. Jones
Licensed Embalmer No. 2319
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.