

300
47
39
3906

FILED JUL 30 1948

Registration District No. 156

Primary Registration District No. 0001

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:
425 North Oak Street /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 60 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. 425 N. Oak
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3: (a) PRINT FULL NAME SUSAN MARY MYERS

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21
year 1948 hour 2 minute A. M.

21. I hereby certify that I attended the deceased from June 21, 1948 to July 19, 1948
that I last saw her alive on 7-19 and that death occurred on the date and hour stated above.

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: NOVEMBER 12, 1860
(Month) (Day) (Year)

Immediate cause of death: As the result of
seizure

Due to _____

Due to _____

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

8. AGE:

Years	Months	Days	If less than one day
<u>87</u>	<u>8</u>	<u>9</u>	hr. _____ min. _____

9. Birthplace Muncie, Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation retired wife

11. Industry or business _____

12. Name Mathis Matlock

13. Birthplace no record
(City, town, or county) (State or foreign country)

14. Maiden name Telestia Spradling

15. Birthplace No record
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Alice Nelson 425 N. Oak St, Joplin, Mo

(b) Address _____

17. (a) Burial (b) Date thereof 7-23-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview, Joplin, Mo

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

(b) Address 1502 Joplin, Joplin Mo

19. (a) 7-22-48 (b) Solomon Lampkins
(Date received local registrar) (Registrar's signature)

Major findings:
- Of operations _____

Of autopsy 97

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? 0

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Ed J. Dennis (M. D. or other) _____
Address Joplin Mo Date signed 7-22-48

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

MOTHER FATHER

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 Steve Parky

Licensed Embalmer No. 2548

P. O. Address William

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.