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3906

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

33297

State File No.

Registration District No. 166

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:
1213 Grand
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether years, months or days)

In this community 32 Years

3. (a) PRINT FULL NAME Sherman Sereno Troyer

3. (b) If veteran, name war None

3. (c) Social Security No. unknown

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Rachel Troyer

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased Sept. 26 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

74	1	1	hr. min.
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9. Birthplace Peru Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Miner

11. Industry or business Mining

12. Name Gideon Troyer

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

14. Maiden name Barbara Shireman

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

16. (a) Informant Mrs. Rachel Troyer

(b) Address 1213 Grand Joplin, Mo.

17. (a) Burial (b) Date thereof 10/29/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cem. (city)

18. (a) Signature of funeral director Hurlbut-Glover Mort

(b) Address 422 Sgt. Joplin, Mo.

19. (a) 11-1-48 (b) W. D. ...
(Date received local registrar) (Signature of Registrar)

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. 1213 Grand
(If rural, give location)

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

If yes, name country None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 27
year 1948 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from March 1947 to Oct. 27, 1948
that I last saw him alive on Oct 27, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death

Myocarditis Chronic
Due to peliosis -
Emphysema
Due to Young's artery
arterio-sclerosis

Other conditions (include pregnancy within 3 months of death)

Major findings: none

Of operations

Of autopsy

Duration

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) -

(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) (a) Means of injury

Signature W. D. ... (M. D. or other)

Date signed 10/29/48

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

MOTHER FATHER

NOV 03 1961

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.....

William E. Freer

Registered Apprentice No. *283*

working under my personal supervision.

Signed

Dale Glover

Licensed Embalmer No. *4593*

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.