

REC'D JAN 25 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

43385
 Do not use this space.

1. PLACE OF DEATH

(a) County JASPER 1 Registration District No. 411
 (b) Township GALENA Primary Registration District No. 2002 Registered No.
 (c) City JOPLIN 1 (d) Street No. 1000 JOPLIN GENERAL HOSPITAL
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 30 yrs. mos. ds. (f) How long in U. S., if of foreign birth? | yrs. mos. ds.

2. PRINT FULL NAME

WILLIAM C. EYSTER
 (a) Residence, No. 309 BYERS AVENUE St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Archie Eyster

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
about 89 ? ?

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. mine operator
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 1.9.23 11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 9

FATHER 13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " 9

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " 9

17. INFORMANT H. C. Eyster Mo
 (ADDRESS) 3828 Blair Ave. St. Louis

18. BURIAL, CREMATION, OR REMOVAL PLACE Graveside Memorial DATE 12-10-1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Lanpher Mortuary
Joplin Mo

20. FILED 12-12-38 1938 Ed D. Janna
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb, Dec 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 7, 1938, to Dec 7, 1938

I last saw him alive on Dec 7, 1938 Death is said to have occurred on the date stated above, at 2:50 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Other contributory causes of importance: 92C

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Herbert Kerr MD

(Address) 530 1/2 Main Joplin Mo.

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, Allen

E. Lanpher

, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed

Allen E. Lanpher

Licensed Embalmer No. 3574

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, above space should be left blank.