. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

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

18193

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

[redacted] 10 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 411 Primary Registration District No. 2002 Registrar's No. 247

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2216 Picher 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community dont know years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Joplin 25
(If outside city or town limits, write "RURAL")

(d) Street No. 2216 Picher 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Harry G. Dunmyre

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife

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

7. Birth date of deceased About ~~1867~~ 1876 (Month) (Day) (Year)

8. AGE: Years About 65 | Months | Days | If less than one day hr. min.

9. Birthplace (City, town, or county) Kansas 1 (State or foreign country)

10. Usual occupation Sign Painter

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) 9 (State or foreign country)

16. (a) Informant Travis Dixon
(b) Address 2331 Pearl Joplin

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 26-42 (Month) (Day) (Year)
(c) Place: burial or cremation Hillcrest

18. (a) Signature of funeral director [signature]
(b) Address 1502 Joplin

19. (a) 5-25-42 (Date received local registrar) (b) Gertrude Shirkoelter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23 year 1942 hour 9 minute P M.

21. I hereby certify that I attended the deceased from 19 to 19 that I last saw Did not see him alive alive on 19 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary heart

Due to Session

Due to Died suddenly

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 94a
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? (Specify type of place)

While at work? (e) Means of injury Coronary

23. Signature [signature] (M. D. or other)

Address Carthage Mo Date signed May 24 42

12 V

(Licensed Embalmer's Statement on Reverse Side)

425467

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.