No. 2
-13-40
-17-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED DEC 10 1940

State File No. 38905

Registration District No. 411 Primary Registration District No. 2002 Registrar's No. 1

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: 1217 Illinois Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
In this community 6 Weeks 2
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Jopli n
(If outside city or town limits, write "RURAL")

(d) Street No. 1217 Illinois Ave.
(If rural, give location)

0

(e) If foreign born, how long in U. S. A.? No years.

3. (a) PRINT FULL NAME Mary Sue Gilstrap

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife No

6. (c) Age of husband or wife if alive No years

7. Birth date of deceased September (Month) 28 (Day) 1940 (Year)

8. AGE: Years | Months 1 | Days 22 | If less than one day ___ hr. ___ min.

9. Birthplace Joplin (City, town, or county) Missouri (State or foreign country)

10. Usual occupation None 0

11. Industry or business None 0

FATHER
12. Name George Gilstrap 0
13. Birthplace Newton County (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Mary McDaniel
15. Birthplace Newton County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant George Gilstrap
(b) Address Joplin Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-22-40 (Month) (Day) (Year)
(c) Place: burial or cremation Burkhart Cemetery

18. (a) Signature of funeral director Hurlbut Und Co.
(b) Address 212 Joplin St. Joplin Mo.

19. (a) 11-22-40 (Date received local registrar) (b) Ed D James (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 21
year 1940 hour 4 minute A. M.

21. I hereby certify that I attended the deceased from 11-19, 1940 to 11-20, 1940;
that I last saw her alive on 11-20, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia — Duration 4 days

Due to acute cold; saw this baby [illegible]

Due to

Other conditions
(Include pregnancy within 3 months of death) 1070

Major findings:
Of operations

Of autopsy

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? 3 70 (Specify type of place)
While at work? (e) Means of injury

23. Signature Ed D James (M. D. ~~or other~~) 1
Address Joplin Mo Date signed 11-22-40

(Licensed Embalmer's Statement on Reverse Side)

40-12-619

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 Sam E. Sensenney Jr

Licensed Embalmer No. 4099

P. O. Address Joplin Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.