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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

38511

State File No.

DEC 17 1941

Registration District No. 411

Primary Registration District No. 2002

Registrar's No.

1. PLACE OF DEATH: Jasper
 (a) County Jasper
 (b) City or town Joplin *cta.*
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution 2432 Picher
(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 2 years

3. (a) PRINT FULL NAME Rose Elizabeth Gardner.
 3. (b) If veteran, name war *****
 3. (c) Social Security No. *****

4. Sex M
 5. Color W
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Wm. P Gardner
 6. (c) Age of husband or wife if alive 72 years
 7. Birth date of deceased May 6th 1868
(Month) (Day) (Year)

8. AGE: 73 Years 6 Months 20 Days
If less than one day hr. min.

9. Birthplace Chesterfield / S.C.
(City, town, or county) (State or foreign country)
 House wife

10. Usual occupation same
 11. Industry or business same

MOTHER FATHER
 12. Name Archie Smith
 13. Birthplace South Carolina /
(City, town, or county) (State or foreign country)
 14. Maiden name Mary McDull.
 15. Birthplace North Carolina /
(City, town, or county) (State or foreign country)

16. (a) Informant Wm. P. Gardner
 (b) Address 2432 Picher
 17. (a) Removal (b) Date thereof Nov 30 - 1941
(Special occasion, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Granite, Arkansas

18. (a) Signature of funeral director Nurlbut Undertaking
 (b) Address 212 Joplin St. Joplin Mo.
 19. (a) 11-28-41 (b) J. B. James
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jasper 49
 (c) City or town Joplin Mo. 2
(If outside city or town limits, write "RURAL")
 2432 Picher
 (d) Street No. (If rural, give location) 3
 (e) If foreign born, how long in U. S. A. ***** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month II day 26
 year 1941 hour 9- minute 30 P.M.M.
 21. I hereby certify that I attended the deceased from 11-21-41
 _____, 19____, to _____, 19____;
 that I last saw him alive on _____, 19____,
 and that death occurred on the date and hour stated above.

Immediate cause of death
 Central Hemiplex
 Due to
 Due to
 Other conditions (Include pregnancy within 3 months of death) 430
 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?

Co. (Specify type of place)
 While at work (c) Means of injury
 23. Signature J. B. James (M. D. or other) MD
 Address Joplin Mo. Date signed 11/27

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

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 D. Parker

Licensed Embalmer No. 25148

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.