

P. No. 2
M-5-42
5-17-39
PI X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 15 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41012

State File No.

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 538

49
2
5
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(c) Name of hospital or institution 501 Mrs Connell
(d) Length of stay: In hospital or institution 33 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri
(b) County Jasper
(c) City or town Joplin
(d) Street No. 501 Mrs Connell
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Eliza M. Gaut
(b) If veteran, name war
(c) Social Security No.

20. DATE OF DEATH: Month 12 day 8 year 1942 hour 9 minute 15 A.M.
21. I hereby certify that I attended the deceased from 1939 to Dec 8 1942 that I last saw her alive on Dec 8 and that death occurred on the date and hour stated above.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married divorced, widowed
6. (b) Name of husband or wife R. M.
6. (c) Age of husband or wife if alive Deceased
7. Birth date of deceased July 14 1867

Immediate cause of death: Chronic Valvular Heart Mitral Regurgitation
Due to: Chronic Nephritis
Other conditions: Decomposition
Major findings: Jaundice
Duration 3720

8. AGE: Years 75 Months 4 Days 24
9. Birthplace: Janes Co, Texas

10. Usual occupation: Housewife
11. Industry or business: Housewife
12. Name: Charley Stobaugh
13. Birthplace: Penn
14. Maiden name: Mary Ann Shank
15. Birthplace: Kentucky

Physician: 131 P
Underline the cause to which death should be charged statistically.

16. (a) Informant: E. O. Hunt
(b) Address: 2001 Rose St
17. (a) Burial
(b) Date thereof: 12-10-42
(c) Place: burial or cremation Forest Park
18. (a) Signature of funeral director: Thambill Dillor
(b) Address: 4th Avenue St
19. (a) 12-9-42
(b) Registrar's signature: Hetrudgudhoithe

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(e) Means of injury
3. Signature: E. O. Hunt
Address: 708 Thayer Bldg
Date signed: Dec 9-42

1204

(Licensed Embalmer's Statement on Reverse Side)

42-12-1102

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..... *David Dillon*

Licensed Embalmer No. *3898*

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.