

S. No. 2  
M-2-43  
5-17-39

DEPARTMENT OF COMMERCE

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25236

State File No. \_\_\_\_\_

Registrar's No. 407

Registration District No. 56

Primary Registration District No. 2001

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: St. Johns Hospital

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 Weeks

In this community always

(Specify whether years, months or days)

3. (a) PRINT FULL NAME Finis Gary

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Margaret

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

7. Birth date of deceased June 16 1905

(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
38	1	9	hr. _____ min.

9. Birthplace Stella Mo

(City, town, or county) (State or foreign country)

10. Usual occupation Miner

11. Industry or business \_\_\_\_\_

12. Name R. S. Gary

13. Birthplace Unknown Ill.

(City, town, or county) (State or foreign country)

14. Maiden name Ada Bliss

15. Birthplace Unknown 9

(City, town, or county) (State or foreign country)

16. (a) Informant Margaret Gary

(b) Address Waco, Missouri

17. (a) Burial (b) Date thereof 7/27/43

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stella, Missouri

18. (a) Signature of funeral director Parker - Hunsaker

(b) Address Joplin, Missouri

19. (a) 7-26-43 (b) Vertunde Lindhorster

(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 49

(a) State Missouri (b) County Jasper

(c) City or town Waco, Missouri

(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_

(If rural, give location)

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

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25

year 1943 hour 9 minute 45 p. a. M.

21. I hereby certify that I attended the deceased from July 23 1943 to July 25 1943

that I last saw him live on July 25 1943

and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis

Duration 6 mos.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

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? \_\_\_\_\_

While at work? \_\_\_\_\_

(Specify type of place) (a) Means of injury \_\_\_\_\_

23. Signature J. H. Weller (M. D. or other)

Address Joplin Mo Date signed 7-26-43

43-7-671

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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.