

OCT 26 1943 156
Registration District No. _____

Primary Registration District No. 2001

Registrar's No. 572

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:
2602 Wisc.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
(Specify whether years, months or days)
In this community 28 yrs
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 049
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 2602 Wisc.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME George Reuben Stripling

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 married
6. (b) Name of husband or wife Ida Stripling 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased May 24 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 4 17 hr. min.

9. Birthplace DaDe Co. MO. D
(City, town, or county) (State or foreign country)

10. Usual occupation Lumber & Coal

11. Industry or business self

12. Name Frank Stripling

13. Birthplace unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Mary Kible

15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Mary Stripling

(b) Address 2602 Wisc. Joplin Mo.

17. (a) Burial (b) Date thereof 10, 14, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Osborn Mem.

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

(b) Address 1502 Joplin St. Joplin Mo.

19. (a) 10-14-43 (b) Gustavus Dushoff
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 11
year 1943 hour 7 minute 30P. M.

21. I hereby certify that I attended the deceased from 9-26 1943 to 10-11 1943
that I last saw him alive on Oct 11 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach

Due to Site of initial lesion non known

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations H&P

Of autopsy _____

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) (e) Means of injury _____

23. Signature W. K. Howard D (M. D. or other)

Address Joplin Mo Date signed 11/13/43

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

43-9-883

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.