

No. 2
-2-43
17-39
X35697

Dr. C. C. Coats
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
1944
FILED JAN 4

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. *42535*
Registrar's No. *709*

Registration District No. *156* Primary Registration District No. *2001*

1. PLACE OF DEATH:
(a) County *Jasper*
(b) City or town *Joplin*
(c) Name of hospital or institution: *St. Johns*
(d) Length of stay: In hospital or institution *3 weeks*
In this community *40 years*

2. USUAL RESIDENCE OF DECEASED:
(a) State *Missouri* (b) County *Jasper*
(c) City or town *Joplin*
(d) Street No. *409 East 8th St*
(e) Citizen of foreign country? *No*

3. (a) PRINT FULL NAME *Gertrude Aylea*

3. (b) If veteran, name war No. 3. (c) Social Security No.

4. Sex *F* 5. Color or race *W* 6. (a) Single, widowed, married, divorced *2*

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive, years

7. Birth date of deceased *Nov 24 1883*

8. AGE: Years *60* Months *1* Days *3* If less than one day hr. min.

9. Birthplace *Palmer Mo*

10. Usual occupation *House work*

11. Industry or business *Ind*

12. Name *W. B. Raney*

13. Birthplace *Ind*

14. Maiden name *Mary T. Roberts*

15. Birthplace *Mo*

16. (a) Informant *R. J. Raney*

(b) Address *St Louis Mo*

17. (a) *Burial* (b) Date thereof *12-29-43*

(c) Place: burial or cremation *Harrison Cem*

18. (a) Signature of funeral director *Harrell Dillon*

(b) Address *Joplin Mo*

19. (a) *12-29-43* (b) *Quintus Sudhalter*

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *Dec* day *27* year *1943* hour *1* minute *55 a* M.

21. I hereby certify that I attended the deceased from *Dec 22* 19*43* to *Dec 27* 19*43*

that I last saw her alive on *Dec 25* and that death occurred on the date and hour stated above.

Immediate cause of death: *Apoplexia*

Due to

Due to *3rd*

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

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 *Charles C. Coats* (M. D. or other) *Joplin Mo* Date signed *12-28-43*

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

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

1997
-44

1204

(Licensed Embalmer's Statement on Reverse Side)

43-12-1031

362

261

JAN 4 1944

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.

David Dillon E. P. C.