

V. S. No. 2
00M-5-43
Rev. 5-17-39
I X36671

FILED JUL 13 1944

Registration District No. **186**

Primary Registration District No. **2001**

Registrar's No. **321**

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

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:
Broadway & St. Louis
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. (Specify whether
In this community **all his life** years, months or days)

3. (a) PRINT FULL NAME **Gerald Stults**

3. (b) If veteran, name war **world war #1**

3. (c) Social Security No.

4. Sex **male** 5. Color or race **white**

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

6. (b) Name of husband or wife **Vera Stults**

6. (c) Age of husband or wife if alive **42** years

7. Birth date of deceased **Oct; 15, 1944**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

51 **8** **15** hr. min.

9. Birthplace **Oronoga Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Police & Fireman**

11. Industry or business **City of Joplin**

MOTHER FATHER

12. Name **Tom Stults**

13. Birthplace **Springfield Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **Alta Lane**

15. Birthplace **Altamont Kans.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Vera Stults**

(b) Address **1611 Hill St. Joplin Mo**

17. (a) **Burial** (b) Date thereof **7-3rd 1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mount Hope Cemetery**

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

(b) Address **1502 Joplin St. Joplin Mo**

19. (a) **7-1-44** (b) **Gertrude Sudhalter**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper** **49**

(c) City or town **Joplin** **2**
(If outside city or town limits, write "RURAL") **5**

(d) Street No. **1611 Hill**
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June 30** day **1944**
year hour **12 noon** minute M.

21. I hereby certify that I attended the deceased from **June 30, 1944** 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 **Coronary occlusion**

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) (e) Means of injury.....

Signature **V.E. Kunes** (M. D. or other)

Address **311 W. Main Street** Date signed **July 1 1944**

1264

44-6-528

SEP 12 1944

SEP 12 1945

SEP 22 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 *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 HAND WRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.