

S. No. 2
DM-5-43
v. 5-17-39
I X36671

FILED JUL 26 1944
Registration District No. 206

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. John's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 1224 Pearl (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Harry Gulligan

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Single

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

7. Birth date of deceased Dec 19 1883
(Month) (Day) (Year)

8. AGE: Years 60 Months 6 Days 17 If less than one day hr. min.

9. Birthplace Joplin Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Chef

11. Industry or business _____

12. Name George Gulligan

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

14. Maiden name Esther Simpson

15. Birthplace Unknown Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Laura Peterson

(b) Address Walt City Mo

17. (a) Burial (b) Date thereof July 19 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Hope Cem

18. (a) Signature of funeral director Walt City Ind Co

(b) Address Walt City Mo

19. (a) 7-8-44 (b) Esther Gulligan
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6
year 1944 hour 3:30 minute 0 M.

21. I hereby certify that I attended the deceased from June 24, 1944 to July - 6, 1944
that I last saw him alive on July - 6, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of throat Duration _____

Due to _____

Due to _____

Other conditions Ho
(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)

(c) Means of injury _____

23. Signature G. C. Coats (M.D. or other) _____

Address Joplin Mo Date signed 7-8-44

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

fd-6-577

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 myself

....., Registered Apprentice No.
working under my personal supervision.

Signed Clayton M. Johnston

Licensed Embalmer No. 4304

P. O. Address Webb City, 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.