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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 6 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37568

Registration District No. 155 Primary Registration District No. 5579 Registrar's No. 97

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Rural Mineral Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. Near Oronogo Missouri
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Gaylord Leroy Gunlock

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 single

6. (b) Name of husband or wife

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

7. Birth date of deceased Oct. 28, 1945 (Month) (Day) (Year)

8. AGE: Years | Months | Days 3 | If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name Albert Gunlock
13. Birthplace Barton County (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Elsie Drake
15. Birthplace Barry County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Albert Gunlock
(b) Address RFD #1, Oronogo, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-1-45 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Park

18. (a) Signature of funeral director PARKER & HUNSAKER
(b) Address 1502 Joplin, Joplin, Missouri

19. (a) Nov. 2, 1945 (Date received local registrar) (b) P. L. Strickhart M.D. (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 31 year 1945 hour 6 minute p M.

21. I hereby certify that I attended the deceased from Birth, Oct. 28th, 1945, to Oct. 31st, 1945; that I last saw ~~him~~ alive on Oct. 31st, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Anoxia

Due to Congenital Cardio-vascular anomaly

Due to Patent Foramen Ovale

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature J. Darwin Magee (M.D. or other) D.O.

Address Jasper, Mo. Date signed 11-2-45

(Licensed Embalmer's Statement on Reverse Side)

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.