S. No. 2
M—1/47
r. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 29 1947

Registration District No. 156

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 9901

State File No. 34821

Registrar's No.

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: Freeman 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 17 days (Specify whether years, months or days)
In this community: 37 years

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.: 1726½ Main
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: JAMES F. GAY
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: m
6. (b) Name of husband or wife: Vara
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: December 29, 1869 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
77	9	1	hr. min.

9. Birthplace: Trenton, Tennessee (City, town, or county) (State or foreign country)
10. Usual occupation: Floor Manager
11. Industry or business: Newman Merchantile Co.
FATHER
12. Name: no record
13. Birthplace: " " (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: ------Flowers
15. Birthplace: no record (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Vara Gay
(b) Address: 1726½ Main, Apt. 2, Joplin
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10-2-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Hope
18. (a) Signature of funeral director: Parker-Hunsaker
(b) Address: Joplin, Missouri
19. (a) 10-9-47 (Date received local registrar) (b) Dolores Lamphiu (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Sept. day: 30 year: 1947 hour: 3 minute: 45 P.M.
21. I hereby certify that I attended the deceased from 13 Sept 1947 to 30 Sept 1947 that I last saw him alive on 30 Sept 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chr. nephritis	?
Due to: Prostatic pendulation	10 days
Due to: Chronic	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN — Underline the cause of 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: (M. D. or other)
Address: Joplin, Mo. Date signed

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

FEB 17 1948

OCT 30 1949

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.