

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D JAN 25 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

43399
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper 2 Registration District No. 411
(b) Township 1 Primary Registration District No. 2002 Registered No. _____
(c) City Joplin (d) Street No. 1001 N. Florida St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 50 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

416 Perry Commodore Gilbert
(a) Residence, No. 1001 N. Florida St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lottie Gilbert
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 6 1868
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 9 8
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Blacksmith
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 1930 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson Michigan

FATHER 13. NAME George Gilbert

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn. 1

MOTHER 15. MAIDEN NAME Melissa Pixley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hudson Mich.

17. INFORMANT (ADDRESS) Mrs. Lottie Gilbert Joplin, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairview Cem. DATE Dec 16 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Lanpher Mortuary Joplin Mo.

20. FILED 12-15-38 19 372 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 14 1938

22. I HEREBY CERTIFY, That I attended deceased from 12-14-38 to 12-14-38, 1938
I last saw h. alive on Dec. 14, 1938 Death is said to have occurred on the date stated above, at 2:30 a.m.

The principal cause of death and related causes of importance were as follows:

Heart Attack
Date of onset
95W
Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) A. C. Winchester Coroner, M. D.
(Address) Joplin, Mo.

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, Allen

E. Lanpher, or by _____

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

Signed, Allen E. Lanpher

Licensed Embalmer No. 3574

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, above space should be left blank.