

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

Dr. Howard
45411
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper 1 Registration District No. 411
(b) Township _____ Primary Registration District No. 2002 Registered No. _____
(c) City Joplin 1 (d) Street No. St Johns Hospital 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 2 yrs. 1 mos. 4 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Joanne Gilstrap
(a) Residence, No. 503 W 13th 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 18, 1936
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2 1 4
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Joplin, Mo

FATHER 13. NAME George M Gilstrap

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Newton County Mo

MOTHER 15. MAIDEN NAME Mary McDaniel

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Newton County Mo

17. INFORMANT (ADDRESS) George Gilstrap Joplin, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Burkhardt Cem. DATE 12-23, 1938

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

20. FILED 12-23-38 Ed D. Jesse Local Registrar. 377

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 22, 1938

22. HEREBY CERTIFY, That I attended deceased from 12/21/38, 1938, to 12/22/38, 1938.
I last saw her alive on 12/22/38, 1938. Death is said to have occurred on the date stated above, at 1:05 P.M.
The principal cause of death and related causes of importance were as follows:

Intestinal Intoxication Date of onset 12-15-38
125h
Other contributory causes of importance:
Hemorrhagic hepatitis Date of onset 12-21-38
acute, yellow atrophy of liver

Name of operation _____ Date of _____
What test confirmed diagnosis? Spec - Was there an autopsy? no

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? _____
If so, specify _____ (Signed) Walter Howard, 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, F. M.

Jones, 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, above space should be left blank.