

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

*Dr. W. S. Post*  
32648  
Do not use this space.

REC'D OCT 12 1939

**1. PLACE OF DEATH**

(a) County Jasper Registration District No. 411  
 (b) Township Stalanci Primary Registration District No. 2002 Registered No. \_\_\_\_\_  
 (c) City Joplin (d) Street No. Freeman 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

(a) Residence, No. 630 Mary Ann Harris Bank Springs Station St.  Barter Spgs. Kan.  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OF RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF O. H. Harris  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 17 - 1855  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
73 10 17  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Home work  
 9. Industry or business in which work was done, as saw mill, bank, etc. Retired  
 10. Date deceased last worked at this occupation (month and year) 7-1-39 11. Total time (years) spent in this occupation 50 yrs  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo.  
 FATHER 13. NAME Nathan Gregg  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo.  
 MOTHER 15. MAIDEN NAME Elizagone Beach  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo.  
 17. INFORMANT (ADDRESS) X Corn E. Lewis  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Park DATE 9-5-39  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Harveys Gwene  
Barter Springs  
 20. FILED 9-5-39 Ed D. James Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-3, 1939  
 22. I HEREBY CERTIFY, That I attended deceased from Aug 27, 1939 to Sep. 2, 1939  
 I last saw him alive on Sep. 2, 1939 Death is said to have occurred on the date stated above, at 8:55 A.M.  
 The principal cause of death and related causes of importance were as follows:  
Generalized Arteriosclerosis Date of onset \_\_\_\_\_  
Arteriosclerotic heart disease  
 Other contributory causes of importance: 926  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_  
 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) W. S. Post M. D.  
 (Address) Joplin, Mo.

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.

RECEIVED

District Health Officer No. 6,

District File No. 1039-2032

Date Filed OCT. 10 1939

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.....

Licensed Embalmer No. 2880

P. O. Address Bayte Springs

**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.