

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

11865

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 1046

Primary Registration District No. 5810

Registrar's No. _____

1. PLACE OF DEATH:
 (a) County Newton
 (b) City or town Joplin
 (If outside city or town limits, write "RURAL" and name of township)
Route 2 Box 353
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 68 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Newton
 (c) City or town Joplin
 (If outside city or town limits, write "RURAL")
 (d) Street No. Rt 2 Box 353
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Thomas Gipson
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

4. Sex male
 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Annie
 6. (c) Age of husband or wife if alive 72 years
 7. Birth date of deceased Aug. 14, 1857
 (Month) (Day) (Year)

8. AGE: Years 82 Months 7 Days 3 If less than one day _____ hr. _____ min.

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

10. Usual occupation Mining Engineer

11. Industry or business Retired

MOTHER FATHER
 12. Name James Gipson
 13. Birthplace Unknown
 (City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Annie Gipson
 (b) Address Joplin, Mo.

17. (a) Burial (b) Date thereof 3-20-40
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Hopet Cem.

18. (a) Signature of funeral director Shornbill-Deller
 (b) Address Joplin, Mo.

19. (a) 3-18-40 (b) E. D. Jarrett
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 17
 year 1940 hour 3:00 minute 0 P. M.

21. I hereby certify that I attended the deceased from March 17-40
March 17, 1940 to March 17, 1940
 that I last saw him alive on March 17, 1940
 and that death occurred on the date and hour stated above.
 Immediate cause of death Senile ileocolitis Duration _____
also

Due to malignancy
entire lower lip
 Due to _____

Other conditions _____
 (Include pregnancy within 3 months of death) 45

Major findings:
 Of operations _____
 Of autopsy _____

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) _____
 (e) Means of injury _____

23. Signature E. D. Jarrett (M. D. or other) _____
 Address Joplin Mo Date signed 3/17/40

RECEIVED

District Health Officer No. 6,

District File Number

440-1014

Date Filed

APR 9 1940

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

David Dillon

Licensed Embalmer No.

3898

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.