

Registration District No. 411 Primary Registration District No. 2002 Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(c) Name of hospital or institution: 1805 Kentucky
(d) Length of stay: In hospital or institution 3 months
In this community 3 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Joplin
(d) Street No. 1805 Kentucky
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 19 year 1940 hour 12 minute 30 p.M.
21. I hereby certify that I attended the deceased from May 12 - 1940
19 to Sept 19 1940
that I last saw him alive on Sept 19 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary tuberculosis

Due to
Due to
Other conditions: 27
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy:

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature: M. Loveland
Address: Joplin Mo
Date signed: 9-19-40

3. (a) PRINT FULL NAME: Homer G. Gustin
(b) If veteran, name war: World War
(c) Social Security No.

4. Sex: Male
5. Color or race: W
6. (a) Single, widowed, married, divorced, single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: July 6, 1888
(Month) (Day) (Year)

8. AGE: Years 52 Months 2 Days 13
If less than one day hr. min.

9. Birthplace: Lebanon Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation: Mechanic

11. Industry or business

12. Name: G. B. Gustin
13. Birthplace: Ohio
(City, town, or county) (State or foreign country)

14. Maiden name: Ella Corlman
15. Birthplace: Lebanon Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant: Jennie Rose
(b) Address: Joplin Mo.

17. (a) Burial: Baxter Springs, Kansas
(b) Date thereof: Sept 22
(c) Place: burial or cremation

18. (a) Signature of funeral director: Joplin Mo.
(b) Address

19. (a) 9-19-40 (b) E. B. Jarney
(Date received local registrar) (Registrar's signature)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

49
35

26

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 *Sam E. Sencerney Jr*.....

Licensed Embalmer No. *4099*.....

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.