

JAN 10 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **42899**

Registration District No. **411**

Primary Registration District No. **2002**

Registrar's No. _____

19
7
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County, JASPER

(b) City or town, Joplin
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1023 Connor
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days 12 years 2

3. (a) PRINT FULL NAME CHARLES GIBSON

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 Single

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased October 22 1875
(Month) (Day) (Year)

8. AGE: Years 65 Months 2 Days 5 If less than one day _____ hr. _____ min.

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

10. Usual occupation Oil Field Worker 7

11. Industry or business _____ 9

12. Name Unknown 7

13. Birthplace Unknown 1
(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: Hertude Spangled

(b) Address 1023 Connor, Joplin, Missouri

17. (a) Burial (b) Date thereof Dec 28 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cemetery

18. (a) Signature of funeral director Laucher Mortuary

(b) Address 1222 Joplin St Joplin, Mo

19. 12-28-40 Ed J. Jern...
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County JASPER

(c) City or town Joplin
(If outside city or town limits, write "RURAL")

(d) Street No. 1023 Connor
(If rural, give location)

(e) If foreign born, how long in U. S. A.? unknown years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 27
year 1940 hour 9 minute 20 A.M.

21. I hereby certify that I attended the deceased from _____ 19____

that I last saw h. 19 19 on Dec 27 at 10
10 and that death occurred on the date and hour stated above.

Immediate cause of death Gun shot through mouth
and out left ear area

Due to Suicide

Due to _____

Other conditions 161
(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) Suicide

(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?
372

While at work? _____
(Specify type of place)

(e) Means of injury Crushed

23. Signature J. J. Carpenter (M. D. or other) _____
Address 446 Date signed Dec 27 1940

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

F-5

41-1-58

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.....

F. M. Jones

Licensed Embalmer No.....

2319

P. O. Address.....

Joseph W

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.