

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18108

State File No.

Registrar's No. 258

FILED MAY 27 1943 56

Registration District No. 1940

Primary Registration District No. 2001

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: 1408 Grand
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community 52 years (Specify whether
years, months or days)

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. 1408 Grand
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Ella Gearhart

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widow

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

7. Birth date of deceased Oct. 22 1862
(Month) (Day) (Year)

8. AGE: Years 80 Months 6 Days 13 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER

12. Name Madison Gibson
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Martha Payne
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. S. A. Hauffe

(b) Address Bloomington, Ill.

17. (a) Burial (Burial, cremation, or removal!) (b) Date thereof 5-8-43
(Month) (Day) (Year)

(c) Place: burial or cremation Cartersville

18. (a) Signature of funeral director.....

(b) Address.....

19. (a) 5-8-43 (Date received local registrar) (b) Hertie D. Dushette (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5th
year 1943 hour 3 a.m. minute M.

21. I hereby certify that I attended the deceased from May 3
..... 19 43 to May 5 19 43
that I last saw him alive on May 3 19 43
and that death occurred on the date and hour stated above.

Immediate cause of death Chr. myo corditis Duration ?

Due to 1, 2, 3

Due to.....

Other conditions..... (Include pregnancy within 3 months of death) 928

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?

While at work? (Specify type of place) (e) Means of injury 0

23. Signature..... (M. D. or other) J. J. Joplin
Address..... Date signed 5/6/43

43-5-441

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..... *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.