

FILED JUL 6 1949

Registration District No. 156

Primary Registration District No. 2001

Registration No. 378

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

49
52
5

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:
716 W. 11th
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 45 Years (Specify whether years, months or days)

In this community 45 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Fred Gipson

3. (b) If veteran, name war World War # 1

3. (c) Social Security No. _____

4. Sex M. 5. Color or race C. 6. (a) Single, widowed, married, divorced W 2

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

7. Birth date of deceased June 15 1887
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

56 5 _____ hr. _____ min.

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

10. Usual occupation Truck Driver

11. Industry or business _____

12. Name Joe Gipson

13. Birthplace S. Car
(City, town, or county) (State or foreign country)

14. Maiden name Jane Adams

15. Birthplace S. Car
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Anna McLaughlin

(b) Address 1108 Byers

17. (a) Burial (b) Date thereof 6 24 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Parkway

18. (a) Signature of funeral director Parker - Hunsaker

(b) Address Joplin, Missouri

19. (a) 6-22-43 (b) Gustave Sudholter
(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. 716 W. 11th.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20
year 1943 hour unknown minute _____ M.

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

Immediate cause of death Obstruction

Due to _____

Due to _____

Other conditions (Include pregnancy, within 3 months of death) MC

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? _____ (City or town) (County) (State)

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

While at _____ (Specify type of place)

23. Signature [Signature] (M. D. or other) _____

Address Carthage, Mo Date signed June 21 43

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

1204

(Licensed Embalmer's Statement on Reverse Side)

43-6-523

OCT 29 1943

JUL 20 1943

JUL 6 - 1943

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.