

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31845**

Registration District No. **156**

Primary Registration District No. **2001**

Registrar's No. **518**

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: **St. Johns**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 hours** (Specify whether)
In this community **2 hours** (years, months or days)

3. (a) PRINT FULL NAME **Gary Lee Hill**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **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 **April 8, 43** (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
5 1 hr. min.

9. Birthplace **Joplin** (City, town, or county) **Mo.** (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name **Ralph Hill**

13. Birthplace **Licking Mo.** (City, town, or county) (State or foreign country)

14. Maiden name **Ula Fellner**

15. Birthplace **Mapleton Mo.** (City, town, or county) (State or foreign country)

16. (a) Informant **Ralph Hill**

(b) Address **2330 Jackson, Joplin Mo.**

17. (a) **Burial** (b) Date thereof **9-12-43** (Month) (Day) (Year)

(c) Place: burial or cremation **Maple Mo.**

18. (a) Signature of funeral director **Hurlbut Und. Co.**

(b) Address **Joplin Mo.**

19. (a) **9-10-43** (Date received local registrar) (b) **Arthur D. Suckow** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper** **049**
(c) City or town **2330 Jackson Ave** **2**
(If outside city or town limits, write "RURAL")
(d) Street No. **Joplin Mo.** **5**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **No** **11**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept. 9**, day **1943**; year **11-59** hour **8** minute **P.** M.

21. I hereby certify that I attended the deceased from **9-9-** 19 **43** to **9-9-** 19 **43**
that I last saw him alive on **9-9-** 19 **43**
and that death occurred on the date and hour stated above.

Immediate cause of death.

Pneumonia fulminans
Due to **7u brinam**

Due to

Other conditions (Include pregnancy within 3 months of death) **12a**

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 _____

23. Signature **Ed James** (M. D. or other)

Address **Joplin Mo.** Date signed **9-10-43**

1204 (Licensed Embalmer's Statement on Reverse Side)

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

43-9-794

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.....

Perry K. Hurlbut

Licensed Embalmer No.....

95-9

P. O. Address.....

Japan, N.C.

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.