

FILED FEB 1 1944
Registration District No. 126

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: St. John's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 days
(Specify whether)

In this community 86 years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton

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

(d) Street No. New Hope community
(If rural, give location)

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

3. (a) PRINT FULL NAME William H. Gilstrap

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife _____

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

7. Birth date of deceased September 19, 1857
(Month) (Day) (Year)

8. AGE: Years 86 Months 3 Days 15
If less than one day hr. _____ min. _____

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

10. Usual occupation farmer

11. Industry or business _____

12. Name unknown

13. Birthplace unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Alonzo Gilstrap

(b) Address 2610 E. 4th, Joplin, Mo.

17. (a) burial (b) Date thereof 1/9/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burkhart Cemetery

18. (a) Signature of funeral director PARKER-HUNSAKER

(b) Address 1502 Joplin, Joplin Mo.

19. (a) 1-8-44 (b) Justus S. Suedhalter
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 4
year 1944 hour 12 minute A M.

21. I hereby certify that I attended the deceased from 5-8-40, 19____, to 1-4-44, 19____;
that I last saw him alive on 1-4-44, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Influenzal Bronchitis

Due to Senility +

Due to Enlarged Prostate

Duration 2 wks.

4 yrs.

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations 32a

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) (a) Means of injury 0

23. Signature Walter Howard (M. D. or other) _____
Address Joplin Mo. Date signed 1-5-44

1204

44-1-22

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.