

No. 2  
-2-43  
5-17-39

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7396

State File No. ....

FILED FEB 18 1944  
Registration District No. 756

Primary Registration District No. 2001

Registrar's No. 89

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 Johns  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 weeks  
In this community life time (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. 925 Picher St  
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country .....

3. (a) PRINT FULL NAME Gary Dale Crosswhite

3. (b) If veteran, name war .....

3. (c) Social Security No. ....

4. Sex m 5. Color or race w

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

6. (b) Name of husband or wife .....

6. (c) Age of husband or wife if alive, years 30

7. Birth date of deceased April 30 1913  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>9</u>	<u>10</u>		hr. min.

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

10. Usual occupation Infant

11. Industry or business .....

12. Name C. R. Crosswhite

13. Birthplace Pryor Okla  
(City, town, or county) (State or foreign country)

14. Maiden name Jeanette Phillmer

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

16. (a) Informant C. R. Crosswhite

(b) Address 925 Picher St

17. (a) Burial (b) Date thereof 2-11-44  
(Burial, cremation, or removal) (Month) (Day), (Year)

(c) Place: burial or cremation Stark Memorial

18. (a) Signature of funeral director W. H. Whitaker

(b) Address 425 W. 11th St

19. (a) 2-14-44 (b) Gutierrez  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 9th  
year 1944 hour 5 minute 15P M.

21. I hereby certify that I attended the deceased from 2-1-44  
19... to 2-9-44 19...  
that I last saw him alive on 2-8-44 19...  
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia

Duration .....

Due to .....

Due to .....

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

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) (c) Means of injury 0

23. Signature V. E. Perry (M. D. or other) .....

Address 311 Summit Park Date signed 2-14-44

1264

84  
1/44

44-2-129

FORM 2  
4-14  
1-4

FEB 18 194

**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 Paul A Hornbill

Licensed Embalmer No. 3590

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.**

FILED MAR 194

Registration District No. 156

Primary Registration District No. 2001

State File No. \_\_\_\_\_

Registrar's No. 89

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: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)

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

3. (a) PRINT FULL NAME Gary Dale Crosswhite

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased April 30  
(Month) (Day) (Year)

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

9. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country) MO

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name \_\_\_\_\_

{ 13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

{ 14. Maiden name \_\_\_\_\_

{ 15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)  
(Burial, cremation, or removal)

(c) Place: burial or cremation \_\_\_\_\_

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

(b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_

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

(d) Street No. \_\_\_\_\_ (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month \_\_\_\_\_ Year 1944 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

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

Immediate cause of death Bronchial pneumonia

Due to Influenza

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: 33a

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 Dr. Perry (M. D. or other)

Address 311 Western Bank Date signed \_\_\_\_\_

SUPPLEMENTARY

13

7396