

FILED MAY 15 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14894

State File No.

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 200

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 21 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. 327 St. Charles
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Claudie Mae Gobble

3. (b) If veteran, name war. 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Sherman Gobble 6. (c) Age of husband or wife if alive 26 years
7. Birth date of deceased March 20, 1918 (Month) (Day) (Year)

8. AGE: Years 26 Months 0 Days 27 If less than one day hr. min.

9. Birthplace Calvin Oklahoma (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name J. A. Curry Arkansas (City, town, or county) (State or foreign country)

13. Birthplace Odessa Steele (City, town, or county) (State or foreign country)

14. Maiden name Jackson County Missouri (City, town, or county) (State or foreign country)

15. Birthplace J. A. Curry (City, town, or county) (State or foreign country)

16. (a) Informant (b) Address 327 St. Charles, Joplin, Mo.

17. (a) Burial (b) Date thereof 4-19-44 (Month) (Day) (Year)

(c) Place: burial or cremation FOREST PARK

18. (a) Signature of funeral director Hurlbut Under Co.

(b) Address Joplin, Missouri

19. (a) 4-18-44 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17 year 1944 hour 3:40 P. M. minute M.

21. I hereby certify that I attended the deceased from August 17, 1944 to April 17, 1944 that I last saw him alive on April 17, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Lobar Pneumonia plus Duration 2 days
Due to: Carcinoma of abdomen and primary malignant ovary 1 yr 1 yr

Other conditions: 49a (Include pregnancy within 3 months of death)

Major findings: malignant ovary 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) NO

(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) Means of injury

23. Signature (M. D. or other) Joplin Mo.

Date signed 4/18/44

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

DD

1204

44-4-351

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.....

Henry T. Schubert

Licensed Embalmer No.....

95-9

P. O. Address.....

Open new

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.