

FILED SEP 25 1944
Registration District No. 2001

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: Freeman Hospital
(If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution 49 days
(Specify whether years, months or days) 12 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Joplin 2
(If outside city or town limits, write "RURAL") 5
(d) Street No. 621 Gray
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Obelene Helen Gambill
3. (b) If veteran, name war none 3. (c) Social Security No. 0

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept. day 15
year 1944 hour 12 minute 0 A. M.

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife 0 6. (c) Age of husband or wife if alive 0 years

21. I hereby certify that I attended the deceased from July 29, 1944, to Sept 15, 1944, that I last saw her alive on Sept 13, 1944, and that death occurred on the date and hour stated above.
Duration 0

7. Birth date of deceased February 11, 1906
(Month) (Day) (Year)

Immediate cause of death illness

8. AGE:	Years	Months	Days	If less than one day
	<u>38</u>	<u>7</u>	<u>4</u>	hr. <u>0</u> min. <u>0</u>

Due to pelvic abscess - 6 weeks

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

Due to illness

10. Usual occupation bookkeeper

Other conditions (Include pregnancy within 3 months of death) 0

11. Industry or business 0

Major findings: Of operations none - 139a PHYSICIAN 0

MOTHER FATHER { 12. Name H. R. Scott
13. Birthplace Haysville Ohio
(City, town, or county) (State or foreign country)

Of autopsy 0
Underline the cause to which death should be charged statistically.

14. Maiden name Callie Lenon
15. Birthplace Murphy North Carolina
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following no
(a) Accident, suicide, or homicide (specify) 0
(b) Date of occurrence 0
(c) Where did injury occur? (City or town) (County) (State) 0
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 0

16. (a) Informant Mrs. D. O. Wiles
(b) Address 1928 Jackson, Joplin, Mo.

(Specify type of abuse) (e) Means of injury 0

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

23. Signature [Signature] (M. D. or other) 0
Date signed 9/17/44

(c) Place: burial or cremation Marionville, Missouri
18. (a) Signature of funeral director PARKER-HUNSAKER
(b) Address 1502 Joplin, Joplin, Missouri

24. (a) Signature [Signature] (M. D. or other) 0
Date signed 9/17/44

19. (a) 9-16-44 (b) [Signature]
(Date received local registrar) (Registrar's signature)

44-9-178

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 HAND WRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.