. S. No. 2
0M—5-43
ev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 11 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

38022

State File No.

Registration District No. 136 Primary Registration District No. 2001 Registrar's No. 561

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:
General Hospital.
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Okla (b) County Ottawa 999

(c) City or town Quapaw 34
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 2

3. (a) PRINT FULL NAME Paul Gailey, Jr.

3. (b) If veteran, name war

3. (c) Social Security No. Infant

4. Sex Male 0

5. Color or race W

6. (a) Single, widowed, married, divorced 0 Infant

6. (b) Name of husband or wife

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

7. Birth date of deceased Nov. 12, 1944.
(Month) (Day) (Year)

8. AGE: Years 0 Months 0 Days 9 If less than one day hr. min.

9. Birthplace Quapaw, Okla. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business

FATHER
12. Name Paul Gailey
13. Birthplace Quapaw, Okla. 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Hazel Sills.
15. Birthplace Quapaw, Okla. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Paul Gailey
(b) Address Quapaw Okla

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-22-44 (Month) (Day) (Year)
(c) Place: burial or cremation Baxter Springs

18. (a) Signature of funeral director [signature]
(b) Address Fisher Okla

19. (a) 11-21-44 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

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

21. I hereby certify that I attended the deceased from 11, 12, 44
Birth, 19, to 11, 20, 1944;
that I last saw him alive on 11, 20, 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death Intra abdominal Hemorrhage

Due to Rupture of Umbilical Vein,

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

160 C

Duration

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature L. C. Pickrell (M. D. or other) DO

Address Baxter Springs Ks Date signed 11-21-44

1268

(Licensed Embalmer's Statement on Reverse Side)

44-12-1011

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.....

Licensed Embalmer No. Okla 820

P. O. Address Sicher Okla

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.