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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38079

State File No.

FILED NOV 28 1944

Registration District No. 6

Primary Registration District No. 2001

Registrar's No. 526

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 (Specify whether years, months or days)
In this community: 6 months

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")

(d) Street No.: 2401 E. 7th Street 5
(If rural, give location)

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

If yes, name country:

3. (a) PRINT FULL NAME: Gaylard Yarbrough

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: male 0

5. Color or race: white

6. (a) Single, widowed, married, divorced: single 0

6. (b) Name of husband or wife:

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

7. Birth date of deceased: April 28, 1944 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
0	6	3	hr. min.

9. Birthplace: Joplin (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation: infant

11. Industry or business:

MOTHER FATHER

12. Name: Glen Yarbrough 0

13. Birthplace: Webb City (City, town, or county) Missouri (State or foreign country)

14. Maiden name: Juanita Brasier

15. Birthplace: Joplin (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant: Glen Yarbrough

(b) Address: 2401 E. 7th, Joplin, Missouri

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 11/4/44 (Month) (Day) (Year)

(c) Place: burial or cremation: Ozark Memorial Park

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

(b) Address: 1502 Joplin, Joplin, Missouri

19. (a) 11-4-44 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November Day 1 Year 1944 hour 11 minute 55 P.M.

21. I hereby certify that I attended the deceased from 10/29/44, 19..., to 11/1/44, 19...; that I last saw him alive on 11/1/44, 19...; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: acute enteritis.

Due to: intestinal infection cause undetermined.

Due to:

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

Major findings:
Of operations:

Of autopsy:

119 0

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: [signature] M.D. (M. D. or other)

Address: 304 Frisco Bldg, Joplin Date signed: 11/3/44

1204

(Licensed Embalmer's Statement on Reverse Side)

44-11-931

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.