

V. S. No. 2
00M-5-43
Rev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 13 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2545
Registrar's No. 47

Registration District No. 156 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
(c) Name of hospital or institution: St. John's Hospital
(d) Length of stay: In hospital or institution. 4 days
In this community years, months or days

3. (a) PRINT FULL NAME Donald Sherman Gebhart
3. (b) If veteran, name war No.
3. (c) Social Security No.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
7. Birth date of deceased October 26, 1941 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
3 2 28 hr. min.

9. Birthplace Joplin Missouri (City, town, or county) (State or foreign country)
10. Usual occupation child

MOTHER FATHER

11. Industry or business
12. Name Frank Gebhart
13. Birthplace Exeter Missouri (City, town, or county) (State or foreign country)
14. Maiden name Bernice Henson
15. Birthplace Carterville Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Frank Gebhart
(b) Address Hockerville, Oklahoma
17. (a) (b) Date thereof 1-24-45 (Month) (Day) (Year)
(c) Place: burial or cremation Carterville Cemetery

18. (a) Signature of funeral director PARKER-HUNSAKER
(b) Address 1502 Joplin, Joplin, Missouri
19. (a) 1-24-45 (b) (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Oklahoma (b) County Ottawa 99
(c) City or town Hockerville 34
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 2

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 23 year 1945 hour 12 minute 30 A. M.
21. I hereby certify that I attended the deceased from 1-19 1945 to 1-20 1945
that I last saw him alive on 1-22 1945 and that death occurred on the date and hour stated above.

Immediate cause of death. Tuberculosis (probable) meningitis
Due to
Due to 14
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) (e) Means of injury
23. Signature A. D. Crawford (M. D. or other) Address Joplin Mo Date signed

1204

(Licensed Embalmer's Statement on Reverse Side)

1-28-45

45-1-52

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.