

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20620**

FILED *11/11/45*

Registration District No. *111 34045*

Primary Registration District No. *2001*

Registrar's No. *298*

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)
(d) Length of stay: In hospital or institution 5 Minutes
In this community Life (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. 729 Connor (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Gary Lee Partlow

3. (b) If veteran, name war ----- 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 March 28, 1945
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 2 29 hr. min.

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

10. Usual occupation Infant

11. Industry or business ---

12. Name Robert J. Partlow
13. Birthplace Farmington, Minnesota (City, town, or county) (State or foreign country)
14. Maiden name Loretta Mitchell
15. Birthplace Picher, Okla. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Loretta Partlow
(b) Address Joplin, Missouri

17. (a) Burial (b) Date thereof 6-27-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Forest Park Cemetery

18. (a) Signature of funeral director Thornhill-Dillon
(b) Address Joplin, Missouri

19. (a) 6-27-45 (b) Justin S. Seibalter
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26th
year 1945 hour 10 minute 00 A.M.

21. I hereby certify that I attended the deceased from 6/26/45
to 6/26/45, 1945, to 6/26/45, 1945;

that I last saw him live on 6, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Strabius Thyroid lymphaticus

Due to _____

Due to _____

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

Major findings: Of operations 64
Of autopsy None

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 injury) (a) Means of injury _____

23. Signature [Signature] (M. D. or other) [Signature]
Address Joplin, Mo. Date signed 6/29/45

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

19
2
5

45-6-537

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 K. Lynn White

Licensed Embalmer No. 4042

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.