S. No. 2
0M—2-43
ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27664

FILED SEP 14 1945

Registration District No. 196 Primary Registration District No. 2001 Registrar's No.

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 9 days (Specify whether
In this community (years, months or days) 48 years

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. 415 West 29th St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country No

3. (a) PRINT FULL NAME Gertrude M. Tomlinson
3. (b) If veteran, name war No
3. (c) Social Security No. 443-16-3232
4. Sex Fem
5. Color or race W
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 Aug. 8, 1889 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
56		11	hr. min.

9. Birthplace Rogers Arkansas (City, town, or county) (State or foreign country)
10. Usual occupation housewife
11. Industry or business
MOTHER FATHER
12. Name John Tomlinson
13. Birthplace Missouri (City, town, or county) (State or foreign country)
14. Maiden name Anna Sex
15. Birthplace Oklahoma (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Jerry Duff
(b) Address 4301 Va. Ave; Joplin Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/21/45 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Park Cem.
18. (a) Signature of funeral director Wirlint Funeral Home
(b) Address Goodman Missouri
19. (a) 8-24-45 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. 19, day 1945.
year hour 1-00 P. M. minute M.
21. I hereby certify that I attended the deceased from 8-17, 1945, to 8-19, 1945
that I last saw h. alive on 8-19, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis
Due to
Due to
Other conditions Hepatitis
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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 (M. D. or other)
Address Date signed 8-24-45

1404

(Licensed Embalmer's Statement on Reverse Side)

45-8-685

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. Perry K. Hurlburt

Licensed Embalmer No. 259

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.