

THE STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUL 16 1946

Registration District No. _____

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:
Cor 12th & Joplin Streets 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community 62 years
years, months or days

3. (a) PRINT FULL NAME Lacy Gaskins

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex female 5. Color or race White

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

6. (b) Name of husband or wife Tom Gaskins

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased February 21 1884
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
62	2	21	_____ hr. _____ min.

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

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER { 12. Name Andrew Robertson

13. Birthplace _____ Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Mann

15. Birthplace _____ Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Tom Gaskins

(b) Address Rt 2, Joplin, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof June 12, 1946
(Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage, Mo.

19. (a) 6-17-46 (Date received local registrar)

(b) Ed. Janner (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town rural - township unknown
(If outside city or town limits, write "RURAL")

(d) Street No. Route 2, Joplin
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8th
year 1946 hour unknown M.

21. I hereby certify that I attended the deceased from _____
did not attend, 19____
that I last saw him _____ alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Shock

Due to Concussion & Strangulation

Due to Eccentric Bleeding of Scalp

Other condition Fractured and cut Scalp
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:
-Of operations Bleeding Ethmoid & Frontal Sinus
Of autopsy Bleeding & fracture of Scalp & Skull

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) Homicide

(b) Date of occurrence Unknown

(c) Where did injury occur? Joplin Jasper Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm or industrial place, in public place?
Unknown

23. Signature Ed. Janner (M.D. or owner)
Address 3114 Joplin 2 Date signed 6/17/46

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

128

46-6-542

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.....

Frank W. Kull Jr.

Registered Apprentice No. *379*

working under my personal supervision.

Signed.....

Emm. L. Stuel

Licensed Embalmer No. *391*

P. O. Address.....

Carthage

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.