S. No. 2
DM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30683

FILED SEP 18 1946

Registration District No. 156 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: Derfelt Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton 73

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. R#4, Box 385, Joplin, 0
(If rural, give location)

(e) Citizen of foreign country? N (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Sandra Gerbitz

3. (b) If veteran, name war ..... 3. (c) Social Security No. .....

4. Sex F. 1 5. Color or race W. 6. (a) Single, widowed, married, divorced child 0

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

7. Birth date of deceased August 26, 1946 (Month) (Day) (Year)

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

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

10. Usual occupation child

11. Industry or business .....

FATHER
12. Name Rudolph Gerbitz 1
13. Birthplace Ellsworth, Kansas (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Esther A. Taylor
15. Birthplace ..... (City, town, or county) Oklahoma 1 (State or foreign country)

16. (a) Informant Mr. Rudolph Gerbitz
(b) Address Joplin, R#4, Box 385,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-27-46 (Month) (Day) (Year)
(c) Place: burial or cremation Fairview Cemetery

18. (a) Signature of funeral director Parker-Hunsaker
(b) Address 1502 Joplin, Joplin, Mo.

19. (a) 8-30-46 (Date received local registrar) (b) Ed D Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 26 year 1946 hour 6:00 minute A M.

21. I hereby certify that I attended the deceased from Aug 26, 1946, to Aug 26, 1946, that I last saw her alive on Aug 26, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Congenital malformations both renal & intestinal

Due to .....

Due to .....

Other conditions .....
(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.

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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 E O Marlin (M. D. or other) DO

Address Frisco Bldg Joplin Date signed 8-28-46

158 (Licensed Embalmer's Statement on Reverse Side)

46-8-776

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.