S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

13089

State File No.

FILED MAY 5 1948

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 2810 Main St.
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Joplin 2
(If outside city or town limits, write "RURAL") 5

(d) Street No. 2810 Main Street
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME IVAN LOWELL GILSTRAP

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MALE 0

5. Color or race WHITE

6. (a) Single, widowed, married, divorced SINGLE 0

6. (b) Name of husband or wife

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

7. Birth date of deceased October 3, 1909
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
39	7	9	hr. min.

9. Birthplace Newton County, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation no record

11. Industry or business

FATHER
12. Name J. F. Gilstrap 0
13. Birthplace Newton County
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ella Smith
15. Birthplace Newton County, Mo 0
(City, town, or county) (State or foreign country)

16. (a) Informant J. F. Gilstrap
(b) Address 2810 Main St. Joplin

17. (a) Burial (b) Date thereof 4-13-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Burkhart Cemetery

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

19. (a) 4-17-48 (b) Dolores Lampkins Wk.
(Date received local registrar) (Registrar's signature) 1/28

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11th
year 1948 hour 4 am minute 30 a M.

21. I hereby certify that I attended the deceased from April 10, 1948 to April 10, 1948
that I last saw him alive on April 10, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Collapse of lungs

Due to Chalicosis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 114B

Of autopsy

Duration

PHYSICIAN

Underline the cause of 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 0

23. Signature John W. Douglas (M. D. or other)
Address 210 West 32nd Joplin Mo Date signed April 12 48

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

48-4-358

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.