

UNITED STATES DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUL 15 1948

Registration District No. 136

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:
ST. JOHN
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 hr. (Specify whether
In this community 72 hr. (Specify whether
years, months or days)

3. (a) PRINT FULL NAME REBECCA J. CARMICHAEL
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced 2
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased Sept. 11 1861
(Month) (Day) (Year)

8. AGE: Years 86 Months 9 Days 1 If less than one day
hr. _____ min. _____

9. Birthplace Racine MO
(City, town, or county) (State or foreign country)

10. Usual occupation Retired housewife

11. Industry or business
12. Name Richard Gilstrap
13. Birthplace _____
14. Maiden name Margaret Buchanan
15. Birthplace _____

16. (a) Informant Mrs. A. L. Taylor

(b) Address 1616 Va Joplin MO
17. (c) Removal (burial, cremation, or removal) (d) Date thereof 6-14-48
(Month) (Day) (Year)

(e) Place: burial or cremation Hillcrest Mortuary

18. (a) Signature of funeral director Parke - Hunsaker
(b) Address 1302 Joplin St Joplin Mo

19. (a) 6-14-48 (Date received local registrar) (b) Delores Humphrey (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Jasper 49
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 1616 Va
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11
year 1948 hour 8 minute 9 a. m.

21. I hereby certify that I attended the deceased from
May 1, 1948, to June 12, 1948
that I last saw her alive on June 12, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure Duration 2 hrs
Due to arterio sclerosis ?

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

Major findings:
Of operations _____
Of autopsy 97

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?

While at work? _____ (Specify type of place) (e) Means of injury _____
Signature Ernest Mitchell M.D.
Address Joplin Mo Date signed 6-12-48

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

MOTHER, FATHER

9
29
52

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.