

No. 2  
4-13-40  
1-17-39  
K231

**AUG 23 1940**  
Registration District No. **411**

Primary Registration District No. **2002**

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

1. PLACE OF DEATH: **Jasper**

(a) County \_\_\_\_\_

(b) City or town **Joplin**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **720 N. Maiden Lane** **2**  
(If not in hospital or institution, write street number or location)

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

In this community **all his life**  
years, months or days

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. **720 North Maiden Lane**  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years

3. (a) PRINT FULL NAME **Ernest L Mauller** **460**

3. (b) If veteran, **W.W.V.** name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex **Male** 5. Color or race **W**

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

6. (b) Name of husband or wife **wife** 6. (c) Age of husband or wife if alive **41** years

**Lillie Mauller**

7. Birth date of deceased **Nov. 16 1885**  
(Month) (Day) (Year)

8. AGE: **44** Years **9** Months **0** Days **hr.** **min.**  
If less than one day

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

10. Usual occupation **Mining**

11. Industry or business **same**

12. Name **John G Mauller.** **1**

13. Birthplace **Ind.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Anna Bolenbaugh.** **1**

15. Birthplace **Ind.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. S. E. Mauller.**

(b) Address **720 N. MAIDEN LANE.**

17. (a) **Burial** (b) Date thereof **8-19-40**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Ozark Memorial Park**

18. (a) Signature of funeral director **Harbert Und Co.**

(b) Address **212 Jopling St. Joplin Mo.**

19. (a) **8-16-40** (b) **Ed. D. James**  
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug.** day **16th**  
year **1940.** hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from **Aug 17**, 19**40**, to **Aug 16**, 19**40**  
that I last saw him alive on **Aug 17**, 19**40**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary Tuberculosis**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions **11/8**  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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?  
**372** (Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury

23. Signature **H. Mauller** (M. D. or other) **1**  
Address **Joplin Mo** Date signed **8-16-40**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

**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

*Sam C. Sencer*

Licensed Embalmer No. 4099

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.**