

BUREAU OF THE CENSUS
FILED NOV 15 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35587

Registration District No. 411

Primary Registration District No. 2002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin

(c) Name of hospital or institution: 1705 Morgan (If outside city or town limits, write "RURAL" and name of township) 2

(d) Length of stay: In hospital or institution 11 mo. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Billy Eugene Auldridge

3. (b) If veteran, * * * name war

3. (c) Social Security No. * * *

4. Sex Male

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased December 12 1939 (Month) (Day) (Year)

8. AGE: Years 0 Months 10 Days 14 If less than one day hr. min.

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

10. Usual occupation none

11. Industry or business

12. Name John Lawrence Auldridge

13. Birthplace Grayville Illinois (City, town, or county) (State or foreign country)

14. Maiden name Katherine Bleihn

15. Birthplace New York New York (City, town, or county) (State or foreign country)

16. (a) Informant John A. Auldridge

(b) Address Joplin, Mo

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 10-28-40 (Month) (Day) (Year)

(c) Place: burial or cremation FAIRVIEW CEMETERY

18. (a) Signature of funeral director Skullcut and Co

(b) Address Joplin, Mo

19. (a) 10-28-40 (Date received local registrar)

(b) E. J. James (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Joplin

(d) Street No. 1705 Morgan St. (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 26

year 1940 hour 2 minute 55 P.M.

21. I hereby certify that I attended the deceased from Oct 23 1940 to Oct 26 1940 that I last saw him alive on Oct 25 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia 36 hrs

Due to Calculus malady

Due to 11/9/40

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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? 372

While at work? (Specify type of place) (e) Means of injury

23. Signature J. H. Williams (M. D. or other)

Address Joplin, Mo Date signed 10-28-40

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

40-11-531

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 E. Penney Jr*

Licensed Embalmer No. *4099*

P. O. Address *Joplin Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HAND WRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.