DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 11 1942

Registration District No. 155

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5578

37300

State File No.

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:
Route #1, Joplin, Mo. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 16 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Rural - Joplin Township
(If outside city or town limits, write "RURAL")

(d) Street No. Route #1, Joplin
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME ELMER ISAAC LAUDERBAUGH

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Minnie Gather Lauderbaugh

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased April (Month) 7 (Day) 1876 (Year)

8. AGE: Years	Months	Days	If less than one day
66	7	11	hr. min.

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

10. Usual occupation Nurseryman

11. Industry or business

FATHER
12. Name Isaac Lauderbaugh
13. Birthplace X (City, town, or county) Pa. (State or foreign country)

MOTHER
14. Maiden name Catherine Fowler
15. Birthplace X (City, town, or county) Pa. (State or foreign country)

16. (a) Informant's own signature Mrs. Minnie Lauderbaugh
(b) Address Route #1, Joplin, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 20 42 (Month) (Day) (Year)
(c) Place: burial or cremation Paradise Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer
(b) Address 1208 S. Garrison Ave. Carthage, Mo.

19. (a) Nov. 20 1942 (Date received local registrar) (b) Mrs. Lillie Lagle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 18th, year 1942 hour 3:00 minute A. M.

21. I hereby certify that I attended the deceased from 11-18, 1942, to 11-18, 1942 that I last saw him alive on Nov 18, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary occlusion	3 hr
Due to	
Due to	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other) MD
Address Joplin, Mo. Date signed 11-19-42

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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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.....

Licensed Embalmer No. 1241

P. O. Address Carthage Me

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, above space should be left blank.