

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14510**
Registrar's No. **240**

FILED MAY 13 1943
Registration District No. **2001**

Primary Registration District No. **2001**

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:
2606 East 8th 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 **35 yrs** years, months or days)

3. (a) **PRINTED**
FULL NAME **Henry B. Ahlers**

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Sophia Ahlers** 6. (c) Age of husband or wife if alive **75** years
7. Birth date of deceased **March 5 1868**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 1 18 hr. min.

9. Birthplace **Hannibal Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Planing Mill**

11. Industry or business **II II II II**

12. Name **Edward F. Ahlers**

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

14. Maiden name **Kathleen Clestwood**

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

16. (a) Informant **Mrs. Sophia Ahlers**

(b) Address **2606 East 8th ST. Joplin Mo**

17. (a) **Burial** (b) Date thereof **4 28, 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Forest Park**

18. (a) Signature of funeral director **Parker Hunsaker**

(b) Address **1502 Joplin St. Joplin Mo.**

19. (a) **4-26-1943** (b) **Gutierrez**
(Date received local registrar) (Registrar's signature)

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. **2606 East 8th St.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **24**
year **1943** hour **3** minute **P.** M.

21. I hereby certify that I attended the deceased from **Jan. 1943** to **Apr. 24** 19**43**
that I last saw him alive on **Apr. 17** 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Arteriosclerosis**
(Death sudden fell while taking yard)
Due to **dead while taking yard**

Other conditions (Include pregnancy within 3 months of death) **946**

Major findings: Of operations

Of autopsy **None**

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 _____

23. Signature **Rash L. Hoff** (M. D. or other) _____

Address **Joplin, Mo.** Date signed **4/28/43**

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

43-4-21

DEC 17 1940

JUL 21 1940

DEC 17 1940

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.