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v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 16 1945

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17168

FILED JUN 13 1945

Registrar's District No. 13 Primary Registration District No. 2001 Registrar's No. 267

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: Freeman Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 week (Specify whether years, months or days)
In this community 45 years

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. 220 N. Jackson Avenue
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Albert LeRoy Caulkins
3. (b) If veteran, name war Spanish-American
3. (c) Social Security No.
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April 20, 1878 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
67	1	18	hr. min.

9. Birthplace Rochester (City, town, or county) New York (State or foreign country)
10. Usual occupation mine operator
11. Industry or business
FATHER 12. Name William Caulkins
13. Birthplace not known (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name not known
15. Birthplace Not known (City, town, or county) (State or foreign country)
16. (a) Informant Miss Charlotte Caulkins
(b) Address St. Louis, Missouri
17. (a) cremation (Burial, cremation, or removal) (b) Date thereof 6/12/45 (Month) (Day) (Year)
(c) Place: burial or cremation Kansas City, Missouri
18. (a) Signature of funeral director PARKER-HUNSAKER
(b) Address 1502 Joplin, Joplin, Missouri
19. (a) 6-9-45 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8 year 1945 hour 5 minute 30 P. M.
21. I hereby certify that I attended the deceased from May 28, 1945, to June 8, 1945, that I last saw h. alive on June 8, 1945, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death General toxemia	2 wks.
Due to Carcinoma of sigmoid	over 2 wks
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations Not	
Of autopsy Carcinoma of sigmoid	

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
Signature [illegible] (M. D. or other)
Address Joplin Mo Date signed 6-9-45

1:04

(Licensed Embalmer's Statement on Reverse Side)

45-5-484

JUN 16 1945

APR 16 1946

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.