V. S. No. 2
100M—2-43
Rev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17228

FILED MAY 22 1945

Registration District No. 2 1 6

Primary Registration District No. 2001

Registrar's No. 227

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: 10th and Wall 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 16 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Webb City Mo. 6
(If outside city or town limits, write "RURAL")

(d) Street No. R.F.D. 1. 2
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country No

3. (a) PRINT FULL NAME Herbert J. (Dutch) Sentlinger

3. (b) If veteran, name war no

3. (c) Social Security No. 491-01-3216

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Grace Sentlinger

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased Oct. 29, 1888
(Month) (Day) (Year)

8. AGE: Years 56 Months 6 Days 15 If less than one day ..... hr. ..... min.

9. Birthplace Pittsburg Penn
(City, town, or county) (State or foreign country)

10. Usual occupation employe Empire Dis. Elec.

11. Industry or business

FATHER
12. Name Herman J. Sentlinger
13. Birthplace Penn.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anna-------
15. Birthplace Penn.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. H. J. Sentlinger
(b) Address R. 1, Webb City Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 17 1945
(Month) (Day) (Year)
(c) Place: burial or cremation OZARK MEMI PK

18. (a) Signature of funeral director Hurlbut Und. Co.
(b) Address Joplin Mo.

19. (a) 5-16-45 (Date received local registrar) (b) Gertrude Sudhalter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 14, day 1945.
year ..... hour 11-00 A.M. minute ..... M.

21. I hereby certify that I attended the deceased from ..... 19 ..... 19 ..... ; that I last saw h ..... alive on ..... 19 ..... ; and that death occurred on the date and hour stated above.

Did not attend

Immediate cause of death 2300 Volts of Electricity - fell from Scafold. fractured

Due to Skull - in fall on

Due to Concrete floor

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Coroners Investigation

Duration

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) Accident

(b) Date of occurrence 5-14-45

(c) Where did injury occur? Joplin Jasper Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Industrial
(Specify type of place)

While at work? yes (e) Means of injury high Voltage

23. Signature D. W. Dorfelt 2 (M. D. or other) Do

Address 2111 Joplin Date signed 9/15/45

(Licensed Embalmer's Statement on Reverse Side)

45-5-424

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~~ Donald L Blue, Registered Apprentice No. 377, working under my personal supervision.

Signed Perry K. Hurlburt

Licensed Embalmer No. 959

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.