No. 2
1/47
7-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 18 1947

Registration District No. 32

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 31607

Primary Registration District No. 2001

Registrar's No.

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: 1422 Virginia 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community: about 40 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jasper 49
(c) City or town: Joplin 2
(If outside city or town limits, write "RURAL")
(d) Street No.: 1422 Virginia 5
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME: Robert Raub
3. (b) If veteran, name war:
3. (c) Social Security No.:

4. Sex: male 1
5. Color or race: white
6. (a) Single, widowed, married, divorced: divorced
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Aug (Month) 23 (Day) 1871 (Year)

8. AGE: Years 75 | Months 11 | Days 17 | If less than one day: hr. min.

9. Birthplace: Pittsburg (City, town, or county) Penn (State or foreign country) 1
10. Usual occupation:
11. Industry or business: retired
MOTHER FATHER
12. Name: dont know 9
13. Birthplace: dont know 1
(City, town, or county) (State or foreign country)
14. Maiden name: dont know 1
15. Birthplace: dont know 1
(City, town, or county) (State or foreign country)
16. (a) Informant: Walter Raub
(b) Address: Cherryvale, Kansas
17. (a) removal (Burial, cremation, or removal) (b) Date thereof: Aug 12-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Cherryvalle, Kansas
18. (a) Signature of funeral director: Thernhill-Dillon
(b) Address: Joplin, Missouri.
19. (a) 8-11-47 (Date received local registrar) Dolores Lamplins Dr. (Registrar's signature) 122

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 20
year 1947 hour 8 minute 8 a. m.
21. I hereby certify that I attended the deceased from 2, 19..., to ..., 19...;
that I last saw him alive on ..., 19...;
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death | |
| Due to: Coronary Occlusion (4 P) | |
| Due to: Coronary Disease | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings of operation | |
| Of autopsy | |

Did not attend. Jerry investigated Coroner Investigation

PHYSICIAN — Underline the cause of 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 2

23. Signature: H B Fry DO (Coroner)
Address: Acting Coroner Date signed 8-11-47
Orpheum Bldg. Joplin, Mo.

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

47-8-721

## 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 David Dillon

Licensed Embalmer No. 3898

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.**