No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 24 1947

Registration District No. 1916

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38608

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: St. John
(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: 8 months

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jasper 49
(c) City or town: Joplin 25
(If outside city or town limits, write "RURAL")
(d) Street No.: 214½ Main
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country:

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

4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: W
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: March 24, 1892 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
55	5	17	br. min.

9. Birthplace: Pittsburg, Kansas (City, town, or county) (State or foreign country)
10. Usual occupation: Cook
11. Industry or business: Nursing Home, 1809 Grand

MOTHER
12. Name: NO record
13. Birthplace: " " (City, town, or county) (State or foreign country) 9

FATHER
14. Maiden name: " "
15. Birthplace: (City, town, or county) (State or foreign country) 9

16. (a) Informant: Health & Welfare Assoc.
(b) Address: Joplin, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9-12-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Fairview Cemetery
18. (a) Signature of funeral director: Parker-Hunsaker
(b) Address: Joplin, Missouri
19. (a) 9-13-47 (Date received local registrar) (b) Dolores Lampkins (Registrar's signature) 120

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Sept. day: 10 year: 1947 hour: 3 minute: 00 A.M.
21. I hereby certify that I attended the deceased from July 1, 1947 to Sept. 10, 1947 that I last saw him alive on July 9, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute dilation of heart	
Due to: Cardiovascular Renal disease	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations:	
Of autopsy:	

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: 0
23. Signature: E. E. Cook (M. D. or other)
Address: Joplin Mo. Date signed:

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

47-11-828

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.