

FILED SEP 1 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 26790

Registration District No. 156

Primary Registration District No. 2001

Registrar's No.

19  
2  
5  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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'S HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 Hours  
(Specify whether years, months or days)  
In this community 6 Weeks

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. 916 Joplin  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country

3: (a) PRINT FULL NAME SANDRA LOUDERMILK

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced CHILD  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 1 1948  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
0 5 24 hr. min.

9. Birthplace Siloam Springs, Arkansas  
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name L. D. Loudermilk

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

14. Maiden name Gladys Iserman

15. Birthplace Siloam Springs, Ark  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. L. D. Loudermilk

(b) Address 916 Joplin, Joplin, Mo

17. (a) Removal (b) Date thereof 8-26-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Siloam Springs, Ark

18. (a) Signature of funeral director Parker-Hunaker

(b) Address 1502 Joplin, Joplin, Mo

19. 8-26-48 (b) Ed Jones  
(Date received local registrar) (City, town, or county)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 25  
year 1948 hour 5 minute P M.

21. I hereby certify that I attended the deceased from 8-25-48, 19\_\_\_\_, to 8-25-48, 19\_\_\_\_;  
that I last saw her alive on 8-25-48, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Gastro Enteritis  
Due to Acidosis  
Due to meningismus  
Other conditions (Include pregnancy within 3 months of death)

Duration

7-10 days

3 days

3 days

PHYSICIAN

Major findings:  
Of operations 1192  
Of autopsy

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 Halter Hwas (M.D. or other) 8/26/48  
Date signed

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**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.**