

FILED JUL 29 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 23827

|                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                              |  |                                                                          |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------|--|
| BIRTH NO. _____                                                                                                                                                                                                                 |  | REG. DIST. NO. 106                                                                                                                                                                                                                                                                                                                                                                                                                         |  | PRIMARY REG. DIST. NO. 2007                                                                                                  |  | Registrar's No. 306                                                      |  |
| 1. PLACE OF DEATH<br>a. COUNTY Jasper                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission).<br>a. STATE Missouri b. COUNTY Jasper |  |                                                                          |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin                                          |  |                                                                          |  |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Freeman Hospital                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | d. STREET ADDRESS (If rural, give location) 2606 E. 8th                                                                      |  |                                                                          |  |
| 3. NAME OF DECEASED<br>(Type or Print)                                                                                                                                                                                          |  | a. (First) Harry                                                                                                                                                                                                                                                                                                                                                                                                                           |  | b. (Middle) Ahler                                                                                                            |  | c. (Last)                                                                |  |
| 4. DATE OF DEATH                                                                                                                                                                                                                |  | (Month) 7                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | (Day) 10                                                                                                                     |  | (Year) 1949                                                              |  |
| 5. SEX Male                                                                                                                                                                                                                     |  | 6. COLOR OR RACE White                                                                                                                                                                                                                                                                                                                                                                                                                     |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Unknown                                                               |  | 8. DATE OF BIRTH June 6, 1900                                            |  |
| 9. AGE (In years last birthday) 49                                                                                                                                                                                              |  | IF UNDER 1 YEAR Months 1                                                                                                                                                                                                                                                                                                                                                                                                                   |  | IF UNDER 1 YEAR Days 5                                                                                                       |  | IF UNDER 1 YEAR Hours Min.                                               |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)                                                                                                                                     |  | 10b. KIND OF BUSINESS OR INDUSTRY                                                                                                                                                                                                                                                                                                                                                                                                          |  | 11. BIRTHPLACE (State or foreign country) St Louis, Missouri                                                                 |  | 12. CITIZEN OF WHAT COUNTRY? USA                                         |  |
| 13a. FATHER'S NAME Henry Ahler                                                                                                                                                                                                  |  | 13b. MOTHER'S MAIDEN NAME Sopha Harnening                                                                                                                                                                                                                                                                                                                                                                                                  |  | 14. NAME OF HUSBAND OR WIFE                                                                                                  |  |                                                                          |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)                                                                                                                                                               |  | 16. SOCIAL SECURITY NO.                                                                                                                                                                                                                                                                                                                                                                                                                    |  | 17. INFORMANT'S SIGNATURE OR NAME Mrs Sopha Ahler, 2606 E. 8th Joplin                                                        |  |                                                                          |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Accident<br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) CNS Lesions + Multiple Sclerosis<br><br>DUE TO (c)<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |                                                                                                                              |  | INTERVAL BETWEEN ONSET AND DEATH<br>1 wk<br><br>7<br><br>D. 6X           |  |
| 19a. DATE OF OPERATION                                                                                                                                                                                                          |  | 19b. MAJOR FINDINGS OF OPERATION                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                              |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)                                                                                                                                                                                        |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                                                                                                                                                                                                                                                                                                                                                   |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)                                                                              |  |                                                                          |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.                                                                                                                                                                              |  | 21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                     |  | 21f. HOW DID INJURY OCCUR?                                                                                                   |  |                                                                          |  |
| 22. I hereby certify that I attended the deceased from 7-1, 1949, to 7-10, 1949, that I last saw the deceased alive on 7-10, 1949, and that death occurred at 7:30 p. m., from the causes and on the date stated above.         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                              |  |                                                                          |  |
| 23a. SIGNATURE (Degree or title)                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 23b. ADDRESS                                                                                                                 |  | 23c. DATE SIGNED                                                         |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 24b. DATE 7-13-1949                                                                                                          |  | 24c. NAME OF CEMETERY OR CREMATORY Forest Park                           |  |
| 24d. LOCATION (City, town, or county) (State) Joplin, Missouri                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                              |  |                                                                          |  |
| DATE REC'D BY LOCAL REG. 7-15-49                                                                                                                                                                                                |  | REGISTRAR'S SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                      |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Parker-Hunsaker Mortuary, Joplin, Mo.                                               |  |                                                                          |  |

(Licensed Embalmer's Seal—on Reverse Side)

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

RECEIVED 7-27-49

Jasper County Health Office

County File Number 49-7-578

Date Filed 7-28-49

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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*Steve Parker*

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. \_\_\_\_\_

2548

P. O. Address \_\_\_\_\_

*John L. ...*

**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.