

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

32693

Do not use this space.

**1. PLACE OF DEATH**

(a) County Jasper Registration District No. 4172 06122 R  
 (b) Township JOPLIN Primary Registration District No. 3021 Registered No. 833  
 (c) City or Joplin City (d) Street No. 310 W. DAUGHERTY St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S.; if of foreign birth? yrs. mos. da.

**2. PRINT FULL NAME**

(a) Residence, No. 810 W. Daugherty St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Small

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 6, 1905

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
34 3 9 19

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Citrus  
 9. Industry or business in which work was done, as saw mill, bank, etc. Pinole Co.  
 10. Date deceased last worked at this occupation (month and year)                      11. Total time (years) spent in this occupation                     

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Joplin City, Missouri

FATHER  
 13. NAME Juguel Rausch

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER  
 15. MAIDEN NAME Maudie Small

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Mrs. Maudie Rausch

18. BURIAL, CREMATION, OR REMOVAL PLACE Caterville Cem. DATE 9/26, 1939

19. FUNERAL DIRECTOR (ADDRESS) W&B CITY UNDERTAKING CO.

20. FILED SEPT. 25, 1939 W. P. Hatcher Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on Sept. 25, 1939 Death is said to have occurred on the date stated above, at 6:30 a. m.  
 The principal cause of death and related causes of importance were as follows:

Heart Block

Date of onset

Other contributory causes of importance: 95%

Name of operation                      Date of                       
 What test confirmed diagnosis?                      Was there an autopsy? view

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?                      Date of injury                     , 19                      
 Where did injury occur?                      (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury                       
 Nature of injury                     

24. Was disease or injury in any way related to occupation of deceased? no.  
 If so, specify                       
 (Signed) W. P. Hatcher, M. D.  
 (Address) Joplin, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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RECEIVED

District Officer No. 6,

District File No. 1039-1948

Date Filed OCT 6 1939

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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 myself

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Blayton M. Johnston  
Licensed Embalmer No. 3,922  
P. O. Address Webb City, 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, above space should be left blank.**