

25th AUG 14 1939

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

25619  
Do not use this space.

1. PLACE OF DEATH

(a) County GREENE Registration District No. 316  
(b) Township SPRINGFIELD Primary Registration District No. 200  
(c) City SPRINGFIELD (d) Street No. Baptist Hospital St. 557  
(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 Infant Daughter of Mrs. and Mrs. Robert W. Blick

(a) Residence, No. 233 W. State St 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 11th, 1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
0 0 0

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

12. BIRTHPLACE (CITY OR TOWN) Springfield (STATE OR COUNTRY) Mo

13. NAME Robert W. Blick

14. BIRTHPLACE (CITY OR TOWN) Joplin (STATE OR COUNTRY) Mo

15. MAIDEN NAME Carolyn Rist

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

17. INFORMANT Robert W. Blick (ADDRESS) Springfield Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE East Lawn DATE July 12 1939

19. FUNERAL DIRECTOR (NAME) Herman Lohmeyer (ADDRESS) Springfield Mo

20. FILE July 12 1939 Chas H George MD Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 11 19 39

22. I HEREBY CERTIFY, That I attended deceased from 7-11-39, 1939, to July 11, 1939. I last saw deceased live on July 11, 1939. Death is said to have occurred on the date stated above at 7 P. m.  
The principal cause of death and related causes of importance were as follows:  
Stillborn

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

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?  
If so, specify \_\_\_\_\_  
(Signed) Paul Upshaw, M.D., M. D.  
(Address) Springfield, Missouri

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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**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.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**