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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILLED NOV 14 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35221

Registration District No. 411

Primary Registration District No. 2002

Registrar's No.

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

1. PLACE OF DEATH:
(a) County JASPER
(b) City or town JOPLIN Mo
(c) Name of hospital or institution: 1461 Perkins
(d) Length of stay: In hospital or institution 6 MONTHS
In this community 6 MONTHS

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County JASPER
(c) City or town JOPLIN
(d) Street No. 1461 PERKINS-
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME LEON BLOOD.

MEDICAL CERTIFICATION

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

20. DATE OF DEATH: Month 10 day 15 year 1941 hour 8 minute A-M.

4. Sex M. O 5. Color or race W 6. (a) Single, widowed, married, divorced — 0

21. I hereby certify that I attended the deceased from ¹⁹ and that I last saw him ¹⁹ alive on ¹⁹ and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive — 1941-
7. Birth date of deceased APR 9 (Month) (Day) (Year)

Immediate cause of death Malnutrition

8. AGE: Years 0 Months 6 Days 4 If less than one day hr. min.

Due to

9. Birthplace JOPLIN Mo (City, town, or county) (State or foreign country)

Due to

10. Usual occupation

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business

Major findings: Of operations 158

12. Name CLIFFORD BLOOD

Of autopsy

13. Birthplace ERIE CO. PENN (City, town, or county) (State or foreign country)

14. Maiden name AMANDA RIDDLE

15. Birthplace MISSOURI (City, town or county) (State or foreign country)

16. (a) Informant Clifford Blood (b) Address 1461 Perkins Jasper Mo

17. (a) Burial (b) Date thereof 10/16/41 (c) Place: burial or cremation FAIRVIEW

18. (a) Signature of funeral director Fairview Co (b) Address (c) Date received local registry 10-17-41 (d) Registrar's signature

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature While at work (Specify type of place) (a) Means of injury Coronary
Date signed Oct 16

(Licensed Embalmer's Statement on Reverse Side)

41-11-938

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 Steve D. Parker

Licensed Embalmer No. 2548

P. O. Address 70110 Ma

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

If this body is not embalmed, fact should be so stated above.