V. S. No. 2
DM—9-4-41
Rev. 5-17-39
I X29484

Dr Edgarus

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED SEP 1 1942

27389

State File No.

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 369

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

1. PLACE OF DEATH:

(a) County: Jasper 113

(b) City or town: Joplin 5

(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Freeman Hospital

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether years, months or days)

In this community: Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Newton 73

(c) City or town: Spring City 0

(If outside city or town limits, write "RURAL") 0

(d) Street No.: Rt # 2

(If rural, give location)

(e) Citizen of foreign country? (Yes or No) /

If yes, name country

3. (a) PRINT FULL NAME: Ella E. Bloodgood

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: F 1

5. Color or race: W

6. (a) Single, widowed, married, divorced: / X

6. (b) Name of husband or wife: John

6. (c) Age of husband or wife if alive: 75 years

7. Birth date of deceased: May (Month) 23 (Day) 1876 (Year)

8. AGE: Years 66 Months 3 Days 6 If less than one day hr. min.

9. Birthplace: Spring City Newton Co. Mo (City, town, or county) (State or foreign country)

10. Usual occupation: House wife

11. Industry or business:

FATHER
12. Name: Noah Kaufman
13. Birthplace: none record 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Harriett Wathins
15. Birthplace: Missouri (City, town, or county) (State or foreign country)

16. (a) Informant: John Bloodgood
(b) Address: Rt 2 Spring City Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-31-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Hornett Cem

18. (a) Signature of funeral director: Chornhill-Dillon
(b) Address: 4 & Riverside Joplin

19. (a) 9-1-42 (Date received local registrar) (b) Gertrude Sandbacher (Registrar's signature)
12634 by Mildred Rutherford

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 29th year 1942 hour 6 minute 40 P M.

21. I hereby certify that I attended the deceased from 8-28-42, 19..., to 8-29-, 1942, that I last saw h. alive on 8-29, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Diabetes Coma

Due to: history of Diabetes

Due to: for 2 years

Other conditions (Include pregnancy within 3 months of death): 0

Major findings:
Of operations:
Of autopsy:

Duration

PHYSICIAN — 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? (Specify type of place)
While at work: (e) Means of injury:

23. Signature: W. A. James (M. D. or other)
Address: Joplin Mo Date signed 8-31-42

(Licensed Embalmer's Statement on Reverse Side)

42.8.759

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 Don Tetrick

Licensed Embalmer No. 4008

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.