

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31817
Registrar's No. 554

LED OCT 13 1943 56

Registration District No. 2001 Primary Registration District No. 2001

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
521 North Wall
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days
(Specify whether
In this community no data
years, months or days)

3. (a) PRINT FULL NAME James Blanchard

3. (b) If veteran, name war no data 3. (c) Social Security No. none

4. Sex Male 5. Color or race W. 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Widowed 6. (c) Age of husband or wife if alive, years 21

7. Birth date of deceased December 21, 1859
(Month) (Day) (Year)

8. AGE: Years 83 Months 9 Days 8 If less than one day hr. min.

9. Birthplace no data no data
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business

MOTHER FATHER { 12. Name no data
13. Birthplace no data no data
(City, town, or county) (State or foreign country)
14. Maiden name no data
15. Birthplace no data no data
(City, town, or county) (State or foreign country)

16. (a) Informant records

(b) Address Rosebank (c) Date thereof 10/1/43
(Month) (Day) (Year)

(c) Place: burial or cremation Rosebank Cemetery

18. (a) Signature of funeral director W. J. Nelson

(b) Address Webb City, Missouri

19. (a) 10-1-43 (b) Quintus Submitter
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 049
(c) City or town Oronogo
(If outside city or town limits, write "RURAL")
(d) Street No. R.R. (If rural, give location)
(e) Citizen of foreign country? no data (Yes or No)
If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 28
year 1943 hour 7:30 minute P. M.

21. I hereby certify that I attended the deceased from Sept 23, 1943, to Sept 28, 1943
that I last saw him alive on Sept 27, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Acute ascending paralysis of nephritis

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: _____
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence 10/1/43
(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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature G. E. Coate (M. D. or other) _____
Address Joplin Mo Date signed 9/30/43

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

43-9-829

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

E. H. Hedge

Licensed Embalmer No.

2859

P. O. Address

Stobbsville, W. Va.

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.

Registration District No. 156 Primary Registration District No. 2001

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days) (Specify whether

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME James Blanchard
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced sw
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec 27 (Month) (Day) (Year)

8. AGE: Years 83 Months 9 Days _____ If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name _____

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

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept year 1943 hour _____ minute _____ M.

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

Immediate cause of death acute ascending interstitial

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) g2!!

Major findings: Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Charles E. Coates (M. D. or other) _____

Address Joplin Mo Date signed 9-2-43

SUPPLEMENTARY

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

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

31817