S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 10 1943

Registration District No. 156

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2001

State File No. 38417

Registrar's No. 635

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: 424 N. Joplin Avenue / (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community 20 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Joplin (If outside city or town limits, write "RURAL")

(d) Street No. 909 Pearl Avenue (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Bryan Porter Blizzard

3. (b) If veteran, name war none

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Dorothy Blizzard

6. (c) Age of husband or wife if alive 24 years

7. Birth date of deceased August 4, 1913 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
30	3	11	hr. min.

9. Birthplace Iola (City, town, or county) Kansas / (State or foreign country)

10. Usual occupation

11. Industry or business Rogers Iron Works

FATHER
12. Name Sam Blizzard
13. Birthplace Dodge City (City, town, or county) Kansas / (State or foreign country)

MOTHER
14. Maiden name Ruby Wood
15. Birthplace LaHarpe (City, town, or county) Kansas / (State or foreign country)

16. (a) Informant Mrs. Dorothy Blizzard

(b) Address 909 Pearl, Joplin, Missouri

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11/18/43 (Month) (Day) (Year)

(c) Place: burial or cremation Ozark Memorial

18. (a) Signature of funeral director Parker-Hunsaker

(b) Address Joplin, Missouri

19. (a) 11-17-1943 (Date received local registrar) (b) Gertrude Sudhoeller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 15 day Nov year 1943 hour minute M.

21. I hereby certify that I attended the deceased from Nov 12, 43, 19, to Nov 15, 1943 that I last saw him alive on Nov 13, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis — Duration 3 yrs?

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

13 pl

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 A. L. Crawford (M. D. or other)

Address Joplin Mo. Date signed 11-16-43

(Licensed Embalmer's Statement on Reverse Side)

43-11-985

OCT 21 1947

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 F. M. Jones

Licensed Embalmer No. 2319

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.