. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 18 1947

Registration District No. 756

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31583

Primary Registration District No. 2001

Registrar's No.

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: 1613 1613 Indiana Avenue (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 29 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jasper 49
(c) City or town: Joplin (If outside city or town limits, write "RURAL") 2
(d) Street No.: 1613 Indiana Avenue (If rural, give location) 5
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Jesse Monroe Bloyed
3. (b) If veteran, name war:
3. (c) Social Security No.:

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: widowed
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: December (Month) 24 (Day) 1867 (Year)

8. AGE: Years 80 Months 7 Days 19 If less than one day hr. min.

9. Birthplace: West Fork (City, town, or county) Arkansas (State or foreign country) 1
10. Usual occupation: Blacksmith
11. Industry or business:
FATHER
12. Name: William Bloyed
13. Birthplace: Tenn. (City, town, or county) (State or foreign country) 1
MOTHER
14. Maiden name: 9
15. Birthplace: (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Herman Sill
(b) Address: Central City, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug. 16, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Osborn Memorial
18. (a) Signature of funeral director: Thornhill-Dillon
(b) Address: Joplin, Missouri
19. (a) 8-14-47 (Date received local registrar) (b) Dolores Lampkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 13 year 1947 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from Aug 8, 1947, to Aug 13, 1947; that I last saw him alive on Aug 12, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardio-renal disease (ch)	?
Due to: senility	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations:
Of autopsy: 930

PHYSICIAN — Underline the cause of 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) 0
While at work? (e) Means of injury:

23. Signature: J. A. Chenoweth (M. D. or other)
Address: Joplin Mo Date signed 8/14/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

47-8-724

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 David Dillon

Licensed Embalmer No. 3898

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.