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 NOV 28 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 58615

Registration District No. 156 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: 2531 Empire (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 4 Years years, months or days)

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. 2531 Empire (If rural, give location) 5
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Ida Luella Bladl
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Joseph Bladl
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased May (Month) 66 (Day) 1876 (Year)

8. AGE: Years 71 Months 6 Days 6 If less than one day hr. min.

9. Birthplace Boone (City, town, or county) Iowa (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name Edward Smalley
13. Birthplace (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Helen Stroud
15. Birthplace (City, town, or county) (State or foreign country) 9

16. (a) Informant Mr. Joseph Bladl
(b) Address 2531 Empire
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-17-47 (Month) (Day) (Year)
(c) Place: burial or cremation Osborne Mem.
18. (a) Signature of funeral director Hurlbut Mortuary
(b) Address Joplin, Mo.
19. (a) 11-14-47 (Date received local registrar) (b) Dolores Lampkins DR (Registrar's signature) 134

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 13th year 1947 hour 7:30 minute A M.

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

Immediate cause of death Coronary occlusion

Due to coronary thrombosis

Due to

Other conditions none (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

Duration

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)
While at work? (e) Means of injury

23. Signature E. Ernest Johnson Jr. (M.D. or other) MD
Address 617 Frisco Bldg, Joplin Mo. Date signed 11/13/47

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

DEC 10 1947

NOV 28 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.....Perry K. Hurlbut

Licensed Embalmer No.....959

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.