No. 2-
1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 44316

Registration District No. FILED JAN 26 1946

Primary Registration District No. 2001

Registrar's No.

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

Dr Johnson

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: St. Johns Hospital (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 Joseph F. Bladl
3. (b) If veteran, name war no
3. (c) Social Security No. ---------
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife Ida L Bladl
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March 11, 1875 (Month) (Day) (Year)

8. AGE: Years 72 | Months 9 | Days 3 | If less than one day hr. min.

9. Birthplace Reading (City, town, or county) Pennsylvania (State or foreign country) 1
10. Usual occupation Retired
11. Industry or business
FATHER
12. Name Francis Carl Bladl 4
13. Birthplace Germany (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Maunther
15. Birthplace Germany (City, town, or county) (State or foreign country) 4
16. (a) Informant Mrs Rex Fleming.
(b) Address Joplin Mo. 637 Schifferdecker
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-22-1947 (Month) (Day) (Year)
(c) Place: burial or cremation OSBORN MEM.
18. (a) Signature of funeral director Hurlbut Mortuary
(b) Address Joplin, Mo.
19. (a) 12-22-47 (Date received local registrar) (b) Dolores Lampkin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 14th year 1947 hour 11:00 minute P M.
21. I hereby certify that I attended the deceased from 12/14/47 7:00 PM, 19, to 12/14/47- 11:00PM; that I last saw him alive on 12/14/47, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Apoplexy	
Due to cerebral hemorrhage	
Due to hypertension	
Other conditions none (Include pregnancy within 3 months of death)	
Major findings: Of operations none	
Of autopsy none	

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? no (e) Means of injury
23. Signature E. Ernest Johnson (M. D. or other) M.D.
Address 617 Frisco Bldg Date signed 12/16/47

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

47-12-1078

MAR 11 1948

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 Washington Dale Glover, Registered Apprentice No. 87, working under my personal supervision.

Signed Percy 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.

S. No. 2B
5M—3-45
P2 I.X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Fet

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:

(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

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 Joseph F Bladl

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 Wid

6. (b) Name of husband or wife

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

7. Birth date of deceased March 11 1868 (Month) (Day) (Year)

8. AGE: Years 72 Months 9 Days If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER 12. Name

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

MOTHER 14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) 12-22-47 (Date received local registrar) (b) Roberta Sampkins R.R. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Day Year 1947 Hour minute M.

21. I hereby certify that I attended the deceased from , 19 to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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 (M. D. or other)

Address Date signed

SUPPLEMENTARY

5-4431