FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 1 1948

Registration District No. 128

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 4483

Primary Registration District No. 2000

Registrar's No. 157

1. PLACE OF DEATH:
(a) County: Greene
(b) City or town: Springfield (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1502 Washington (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 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Greene 39
(c) City or town: Springfield (If outside city or town limits, write "RURAL") 2
(d) Street No.: 1502 Washington (If rural, give location) 6
(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME: Joseph Warren Blunt.
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widower,
6. (b) Name of husband or wife: Florence Bell Reeves Blunt
6. (c) Age of husband or wife if alive: ____ years
7. Birth date of deceased: October 10, 1867 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
80	4	6	____ hr. ____ min.

9. Birthplace: Crawford County Mo. (City, town, or county) (State or foreign country) 0
10. Usual occupation: Retired Farmer
11. Industry or business: Farming
FATHER
12. Name: James Blunt 0
13. Birthplace: MO. TRE4 (City, town, or county) (State or foreign country) Unknown
MOTHER
14. Maiden name: ~~Elvira Higgenbotham~~ ELBIA 0
15. Birthplace: (City, town, or county) (State or foreign country) Unknown.
16. (a) Informant: Mrs. Glenn Smith
(b) Address: Springfield Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 2/19/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Sullivan Mo.
18. (a) Signature of funeral director: J.W. Klingner + Co.
(b) Address: Springfield Mo.
19. (a) 2-17-48 (Date received local registrar) (b) W.E. Hawley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: February day: 16, year: 1948 hour: 10 minute: 40 A.M.

21. I hereby certify that I attended the deceased from July 1, 1947 to Feb. 16, 1948 that I last saw him alive on Feb. 12, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary artery occlusion	3 hrs
Due to: Degenerative arteriosclerosis	1 yr
Due to: vascular dis.	7 yrs
Other conditions: (Include pregnancy within 3 months of death)	
Major findings: Of operations:	
Of autopsy:	

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? (Yes or No) Means of injury

23. Signature: Arthur D. Kuabb (M.D. or other) M.D.
Address: 16 30 N. Jefferson Date signed: 2/16/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

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 Max Rhodes

Licensed Embalmer No. 4071

P. O. Address Springfield

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.