

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **32292**

Registration District No. **11**

Primary Registration District No. **2002**

Registrar's No. _____

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

19
2
5

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: Freeman Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 hrs (Specify whether
years, months or days)

In this community 15 years

3. (a) PRINT FULL NAME Florence Luella Bluejacket

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 Julian B. Bluejacket 6. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased October 29th 1919
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>20</u>	<u>11</u>	<u>-</u>	hr. _____ min. _____

9. Birthplace Benton County Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

12. Name John Gunnells

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

14. Maiden name Minnie Hency

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

16. (a) Informant John Gunnells
(b) Address Wyandotte Okla

17. (a) burial (b) Date thereof Sept. 30 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Seneca Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address Seneca Mo

19. (a) 10-3-40 (b) Ed. O. James
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Oklahoma (b) County Ottawa

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

(d) Street No. 5 mi. West - Seneca Mo.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 29
year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Sept 29, 1940 to Sept 29, 1940
that I last saw her alive on Sept 29, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary embolus

Due to Miscellaneous 1 week ago

Due to _____

Other conditions (Include pregnancy within 3 months of death) 141

Major findings: Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____

Address Joplin Date signed 9-30-40

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 Gail K. Gray

Licensed Embalmer No. 4155

P. O. Address Neosho, 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, above space should be left blank.