

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. John's hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 45 minutes  
 (Specify whether years, months or days) 15 yrs

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Jasper 49  
 (c) City or town rural route Joplin 0  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 0  
 (If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country no

3. (a) PRINT FULL NAME Rex Weston Blagg  
 3. (b) If veteran, name war no  
 3. (c) Social Security No. no

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month August day 17  
 year 42 hour 4 minute 15 p.M.

4. Sex male 5. Color or race W  
 6. (a) Single, widowed, married, divorced, single  
 6. (b) Name of husband or wife  
 6. (c) Age of husband or wife if alive years 20  
 7. Birth date of deceased June 20 1927  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 6-1-42 to 8-17-42, 1942, that I last saw him alive on 8-17-42 and that death occurred on the date and hour stated above.

8. AGE: Years 15 Months 1 Days 28 If less than one day hr. min.

Immediate cause of death  
 1 Acute Rheumatic Fever 4 months

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

Due to 2 Rheumatic Endocarditis with Deformation of heart 3 months

10. Usual occupation School teacher  
 11. Industry or business " "

Other conditions 3 Decompensation (Includes pregnancy within 3 months of death)

MOTHER FATHER  
 12. Name Leo T. Blagg  
 13. Birthplace Kansas  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Ray Weston  
 15. Birthplace Joplin, Missouri  
 (City, town, or county) (State or foreign country)

PHYSICIAN  
 Major findings: Of operations [Signature]  
 Of autopsy [Signature]

16. (a) Informant Leo T. Blagg  
 (b) Address Joplin Mo R.R.  
 17. (a) Burial (b) Date thereof Aug. 20-42  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Osborns Mem. Ch.  
 18. (a) Signature of funeral home [Signature]  
 (b) Address Joplin Mo  
 19. (a) 8-20-42 (b) [Signature]  
 (Date received local registrar) (Registrar's signature)

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? [Signature] Means of injury [Signature]  
 23. Signature [Signature] (Date or other)  
 Address Joplin Mo Date signed 8-23-42

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

Howard

42-8-737

945

**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.....  
Licensed Embalmer No. 959  
P. O. Address Josephine Mees

**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.