

FILED OCT 13 1942

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 393

49  
52

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

Mr. Coates

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Joplin  
(c) Name of hospital or institution: St. Johns Hospital  
(d) Length of stay: In hospital or institution.  
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper  
(c) City or town Joplin  
(d) Street No. 402 N. Washington  
(e) Citizen of foreign country? No

49  
35

3. (a) PRINT FULL NAME Infant Blood

3. (b) If veteran, name war \* \* \* 3. (c) Social Security No. \* \* \*

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  
7. Birth date of deceased September 13, 1942

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

9. Birthplace Joplin Missouri

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name George W. Blood  
13. Birthplace Erie County Penn.  
14. Maiden name Alpha Gobble  
15. Birthplace Arkansas

16. (a) Informant George Blood  
(b) Address 402 N. Washington, Joplin

17. (a) Burial (b) Date thereof 9/14/42  
(c) Place: burial or cremation Peace Cemetery

18. (a) Signature of funeral director Hurlbut Und. Co.  
(b) Address Joplin, Mo.

19. (a) 9-14-42 (b) Gertie S. Suckalter  
(c) Date received local registrar (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 13 year 1942 hour 11 minute 30 p.M.

21. I hereby certify that I attended the deceased from 13-Sept to 18-Sept 1942  
that I last saw him alive on Sept-13 and that death occurred on the date and hour stated above.

Immediate cause of death. Prematurely born  
Due to. not known

Due to

Other conditions (Include pregnancy within 3 months of death) 159

Major findings: Of operations  
Of autopsy

Duration

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

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

23. Signature G.C. Coats (M. D. or other) no  
Address 306 Union St. Joplin Date signed 9-14-42

12-9-820

---

---

**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

*Henry K. Hurlbert*

Licensed Embalmer No.

*959*

P. O. Address

*Jasper 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.**