

No. 2  
-12-45  
5-17-39  
I X47070

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 757  
Registrar's No. 613

FILED FEB 5 1947  
133

Registration District No. \_\_\_\_\_ Primary Registration District No. 2000

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:  
1527 N. Main Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 5 years  
years, months or days)

3. (a) PRINT FULL NAME BARBARA JOAN BLADES  
3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Female / 5. Color or race White  
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 July 30, 1941  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
5 5 18 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation None

11. Industry or business None

MOTHER FATHER  
12. Name Roland B. Blades  
13. Birthplace Republic, Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Helen Bransteter  
15. Birthplace Stone County, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Roland B. Blades  
(b) Address 1527 N. Main Ave., Springfield, Mo.

17. (a) burial (b) Date thereof Jan. 21, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park Cemetery

18. (a) Signature of funeral director Fred C. Thieme  
(b) Address Springfield, Mo.

19. (a) 1-20-47 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Greene 39  
(c) City or town Springfield  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1527 N. Main Ave.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 18th  
year 1947 hour 2:00 P.M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 1-17, 1947, to 1-18, 1947  
that I last saw her ER alive on 1-18, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Persistent Omiter Arterium  
Duration Life

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
157E

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?

While at work? \_\_\_\_\_ (Specify type of place) (c) Mode of injury 0

23. Signature [Signature] (M. D. or other) MD  
Address Springfield Mo Date signed 1-18-47

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

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**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..... *Ralph H. Thime*.....  
Licensed Embalmer No. *3681*.....  
P. O. Address..... *Springfield, 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.**