

FILED DEC 9 1947
Registration District No. 256

Primary Registration District No. 201

Registrar's No.

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: 710 W. 11th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 25-30 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 710 W. 11th St.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Robert J. Bland
3. (b) If veteran, name war..... 3. (c) Social Security No.
4. Sex M. Color or race W.
6. (a) Single, widowed, married, divorced S.
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased: April 17, 1864
(Month) (Day) (Year)

8. AGE:
Years 83 Months 5 Days 24
If less than one day hr. min.

9. Birthplace: Clark County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation retired

11. Industry or business.....

12. Name no record

13. Birthplace " " 9
(City, town, or county) (State or foreign country)

14. Maiden name.....

15. Birthplace " " 9
(City, town, or county) (State or foreign country)

16. (a) Informant Welfare Assoc. Records
(b) Address Joplin, Missouri

17. (a) Burial (b) Date thereof 10-14-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Fairview Cemetery

18. (a) Signature of funeral director Parker-Hunsaker
(b) Address Joplin, Missouri

19. (a) 10-16-47 (b) Solores Lamphier
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct, day 11, year 1947, hour 7, minute 15, M.
21. I hereby certify that I attended the deceased from 1947 to 1947
that I last saw him alive on 10-10-47 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Occlusion
Due to fall forward - while carrying lamp, the lamp fell in kitchen setting fire to the house. Baby had 3rd degree burns over half
Major findings: burns over half
Physician's operations.....
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 plant, in public place?.....
(Specify type of place)

While at work..... (Specify type of work)
(e) Means of injury.....

23. Signature W. H. Beckett (M. D. or other) Dr
Address 2114 Joplin Date signed 10/11/47

MOTHER FATHER

ADDITIONAL SUPPLEMENTARY REQUESTED

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 _____

Steve Parker

Licensed Embalmer No. *2548*

P. O. Address *9011 1st*

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.

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. _____

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:
710 W. 11th
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

3. (a) PRINT FULL NAME Robert J. Bland

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced s

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____

7. Birth date of deceased April 17 (Month) (Day) (Year)

8. AGE: Years 83 Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Clark County Mo (City, town, or county) (State or foreign country)

10. Usual occupation on relief

11. Industry or business _____

12. Name no record

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

14. Maiden name no record

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

16. (a) Informant records of Co. welfare office

(b) Address _____

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10-14-47 (Month) (Day) (Year)

(c) Place: burial or cremation Fairview cemetery Joplin

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 710 W. 11th (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Day _____ Year 1947 Hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ attended as coroner after death, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death burns Duration _____

Due to heart attack while carrying lamp, which fell on bed, starting fire

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

Major findings: Of operations _____ Of autopsy _____

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) accident
(b) Date of occurrence Oct. 11, 1947
(c) Where did injury occur? Joplin Jasper Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? home

While at work? no (Specify type of place) Means of injury fire

23. Signature [Signature] (M. D. or other) _____ Address [Address] Date signed 12/14/47

SUPPLEMENTARY

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

180

38216