

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 17 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

37128
Do not use this space.

1. PLACE OF DEATH

(a) County Webster Registration District No. 896
 (b) Township Grant Primary Registration District No. 6199 Registered No. 28
 (c) City..... (d) Street No.....
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 20 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

453 Addie Blunt
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF A. I. Blunt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 15, 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
69 8 8

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as saw mill, bank, etc. Home
 10. Date deceased last worked at this occupation (month and year) 1937 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Webster Co., Mo.

FATHER 13. NAME Isaac Daily 9

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 9

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Ollie Trantham
 (ADDRESS) Springfield, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Welch DATE Sept. 25, 1938

19. FUNERAL DIRECTOR (NAME) Rex Rainey 824
 (ADDRESS) Maxfield, Missouri

20. FILED Oct 21, 1938 Elizabeth Haffner
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 16, 1938, to Sept. 23, 1938
 I last saw her alive on Sept. 23, 1938 Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset 9/16/38
121
 Other contributory causes of importance:
Arteriosclerosis
Nephritis 1936

Name of operation _____ Date of _____
 What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) R. H. Foeltz, M.D.
 (Address) Springfield, Mo.

RECEIVED

District Health Officer No. 6,

District File Number 6-38-623

Date Filed NOV 15 1938

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,

Rex Rainey

or by

Registered Apprentice No. working under my personal supervision.

Signed

Rex Rainey

Licensed Embalmer No. 3312

P. O. Address Marshfield, Ma

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.