

STANDARD CERTIFICATE OF DEATH

State File No. 37299
Registrar's No. 170

Registration District No. 796

Primary Registration District No. 3038

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Marshall, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
584 West Boyd
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Saline
(c) City or town Marshall
(If outside city or town limits, write "RURAL")
(d) Street No. 584 West Boyd
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 17
year 1939 hour 9 minute A.M.
21. I hereby certify that I attended the deceased from March
1935, 1938, to Oct 17, 1939
that I last saw her alive on Oct 17, 1939
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME Hazel Louise Blevens
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Myron Earl Blevens 6. (c) Age of husband or wife if alive 23 years
7. Birth date of deceased Nov, 26 1916
(Month) (Day) (Year)

Immediate cause of death Tuberculosis of lungs.
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

8. AGE: Years Months Days If less than one day
22 II I _____ hr. _____ min.

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

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER { 12. Name William M. Scott
13. Birthplace Saline Co., Mo.
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Lucy Moorhead
15. Birthplace Marshall Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Earl Blevens
(b) Address Marshall, Mo.

17. (a) Burial (b) Date thereof Oct. 19, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Ridge Park Cem.

18. (a) Signature of funeral director Campbell-Lewis
(b) Address Marshall, Mo.

19. (a) 10-17-39 (b) Mary Kent
(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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature J. C. Cummins (M. D. or other) _____
Address Marshall Mo. Date signed 10-17-39

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

1 X1951

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 5/11/11

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 _____

Orl W. Campbell
working under my personal supervision.

Registered Apprentice No. _____

Signed Orl W. Campbell

Licensed Embalmer No. 3469

P. O. Address Marshall, 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, above space should be left blank.