

State File No. _____

Registration District No. 667

Primary Registration District No. 4388

Registrar's No. 5-6

1. PLACE OF DEATH

(a) County Pemiscot

(b) City or town Cape Brevelille
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
611 E. 10th St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
In this community all life (Specify whether years, months or days)

8. (a) PRINT FULL NAME George Ivy Blaylock

3. (b) If veteran, (499-03-8124) name war None (c) Social Security No. None

4. Sex Male 5. Color of hair White

6. (b) Name of husband or wife Lula Blaylock 6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased March 6 - 1878
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>62</u>	<u>3</u>	<u>2</u>	_____ hr. _____ min.

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

10. Usual occupation Interior Decorator Carpenter

11. Industry or business as above

MOTHER FATHER

12. Name Will Blaylock

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

14. Maiden name Julesa Crenshaw

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

16. (a) Informant Lula Blaylock

(b) Address Cape Brevelille Mo.

17. (a) Buried (b) Date thereof 6/19/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cape Brevelille, Mo.

18. (a) Signature of funeral director La Forge Under

(b) Address Cape Brevelille, Mo.

19. (a) June 13, 1940 (b) Ceda Matice
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot

(c) City or town Cape Brevelille
(If outside city or town limits, write "RURAL")

(d) Street No. 611 E. 10th St
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8
year 1940 hour 8 minute 00 A. M.

21. I hereby certify that I attended the deceased from June 4, 1940, to June 8, 1940; that I last saw him alive on June 4, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Arteriosclerosis, Acute

Due to undetermined

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

Major findings:
Of operations _____

Of autopsy _____

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? 595
While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature G. W. Thipp (M. D. or other) _____
Address Cape Brevelille, Mo. Date signed 6-13-40

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

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

7-40-20

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 J. G. Scherman

Licensed Embalmer No. 4086

P. O. Address Cynthiana, 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.