

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 766

1. PLACE OF DEATH:
 (a) County Buchanan
 (b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Joseph's Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution six weeks
(Specify whether years, months or days)
 In this community 20 years

3. (a) PRINT FULL NAME Vada I. Blizzard 426

3. (b) If veteran, name war _____ 3. (c) Social Security No. 491-10-2347

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Charles Blizzard 6. (c) Age of husband or wife if alive ? years

7. Birth date of deceased Jan. 20, 1891
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>49</u>	<u>5</u>	<u>26</u>	
				hr. min.

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

10. Usual occupation Housewife

11. Industry or business Own home

12. Name W. R. Handy

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

14. Maiden name Lillian A. Dugger

15. Birthplace St. Jacobs Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. W. R. Handy

(b) Address Gallatin, Mo.

17. (a) Burial (b) Date thereof July 18, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gallatin, Mo.

18. (a) Signature of funeral director Clark Mortuary

(b) Address 5025 King Hill Ave.

19. (a) July 17, 1940 (b) H. Nettlesch
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Buchanan
St. Joseph
 (c) City or town _____
(If outside city or town limits, write "RURAL")
517 Mitchell
 (d) Street No. _____
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16
 year 1940 hour 8:30 minute a M.

21. I hereby certify that I attended the deceased from June 11, 1940 to July 16, 1940
 that I last saw her alive on July 16, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Myocardial Failure

Due to: Redden of Larynx

Other conditions: g2p2

Major findings: Unburn

Of operations: _____

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 Clay W. ... (M. D. or other) MD
 Address ... Date signed 7-17-40

Duration 2 hrs.
10 hrs.
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

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, on ~~July~~ July 16,

..... Registered Apprentice No.

working under my personal supervision.

Signed

Earl Clark

Licensed Embalmer No. 3476

P. O. Address St. Joseph

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.