

No. 2
1-10-39
17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

FILED SEP 16 1940

STANDARD CERTIFICATE OF DEATH

State File No. 28787

Registration District No. 411

Primary Registration District No. 2002

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: St. John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 minutes
(Specify whether
In this community 15 years
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. 512 W. 11th
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME VIRGIL M. BLAKE

8. (b) If veteran, name war NONE 8. (c) Social Security No. _____

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife Alkie 6. (c) Age of husband or wife if alive 32 years
7. Birth date of deceased MAY 27 1904
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
36 3 1 hr. min.

9. Birthplace Stikwell OKLA
(City, town, or county) (State or foreign country)

10. Usual occupation PAINTER & PAPER HANGER

11. Industry or business
12. Name George W. Blake
13. Birthplace Clear Co. W. Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Florence Houston
15. Birthplace Fortland Co. Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Alkie Blake
(b) Address 1330 Jackson Ave

17. (a) Burial (b) Date thereof Aug 31 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cem

18. (a) Signature of funeral director Thornhill Milton

(b) Address Joplin, Missouri

19. (a) 8-29-40 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 25
year 1940 hour 08 minute 00P. M.

21. I hereby certify that I attended the deceased from _____
to _____, 19____
that I last saw him alive on Aug. 29, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac
Administered
Due to sink and domestic
trouble

Due to _____
Other conditions 1 1/2
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy Investigation

Duration
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) Suicide
(b) Date of occurrence Aug. 25 - 1940

(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) (e) Means of injury Car

23. Signature [Signature] (City, town, or other)
Address Joplin mo Date signed 8-29-40

(Licensed Embalmer's Statement on Reverse Side)

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

40-7-386

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 Don Tetrak

Licensed Embalmer No. 4008

P. O. Address Joplin

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.