

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

42556

State File No. _____

Registration District No. 316

Primary Registration District No. 2001

Registrar's No. 1032

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

1. PLACE OF DEATH:

GREENE

(a) County _____
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
226 S. Hampton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 6 months years, months or days _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 226 - S. Hampton (If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

8. (a) PRINT FULL NAME NORA JANE BLAKEY

8. (b) If veteran, name war no 3. (c) Social Security No. None

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Inf
6. (b) Name of husband or wife Inf 6. (c) Age of husband or wife if alive 22 years
7. Birth date of deceased June - 24 1940
(Month) (Day) (Year)

8. AGE: Years 9 Months 6 Days 2 If less than one day 1 hr. min.

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

10. Usual occupation Infant

11. Industry or business _____

MOTHER FATHER { 12. Name Harold Blakely
13. Birthplace Springfield Mo
(City, town, or county) (State or foreign country)
14. Maiden name Katherine Stanton
15. Birthplace Harville Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Harold Blakely
(b) Address 226 S. Hampton

17. (a) Burial (b) Date thereof 12-27-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Memorial

18. (a) Signature of funeral director H. V. Smith

(b) Address 702 - N - Jefferson

19. (a) 12-27-40 (b) W. E. Handley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 26
year 1940 hour 12.15 minute P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw her alive on Dec 26, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral
Due to Acute Meningo-encephalitis 3-4 hrs.

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

Major findings: Of operations 10/6
Of autopsy _____
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) _____

(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? 9/6
While at work? _____ (Specify type of place) (e) Means of injury _____

Signature W. E. Handley (M. D. or other) 5

Address Greene County Date signed 12/26

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.....

Licensed Embalmer No.....

P. O. Address.....

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.

J