FILED MAY 15 1941

14609

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 317 Primary Registration District No. 5437 Registrar's No.

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

1. PLACE OF DEATH:
(a) County Greene
(b) ~~City or town~~ Rural Pondcreek
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Died in courtry home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Not in Hospital (Specify whether
In this community over 96 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Green
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME John M Blades
3. (b) If veteran, name war civelwar
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Wid
6. (b) Name of husband or wife Mary B French
6. (c) Age of husband or wife if alive Dead years
7. Birth date of deceased Dec. (Month) --09-19 (Day) 1844 (Year)

8. AGE: Years	Months	Days	If less than one day
96	3	7	hr. min.

9. Birthplace Missouri (City, town, or county) 0 (State or foreign country)
10. Usual occupation Retired Farmer
11. Industry or business ----------
FATHER
12. Name Dudley Blades
13. Birthplace Tennessee (City, town, or county) 1 (State or foreign country)
MOTHER
14. Maiden name
15. Birthplace Dont Know (City, town, or county) 9 (State or foreign country)
16. (a) Informant William Blades
(b) Address Billings Mo.R.F.D.
17. (a) Blades Chapel (Burial, cremation, or removal) (b) Date thereof April 8 41 (Month) (Day) (Year)
(c) Place: burial or cremation Burrial Blades Cemetry
18. (a) Signature of funeral director R E Thompson
(b) Address Republic Mo
19. (a) Apr. 8 (Date received local registrar) (b) Mrs Bertha Nance (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6
year 1941 hour 2 minute 30 P.M.
21. I hereby certify that I attended the deceased from June 24, 1940, to March 29, 1941;
that I last saw him alive on March 29, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic nephritis	unk
Atherosclerotic kidney	unk
Due to Hypertension	unk
Due to Senility	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Charles A. Spears (M. D. or other) M.D.
Address Billings Mo Date signed 4/7/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Greene County Health Office
County File Number 41-5-50
Date Filed 5/12/41

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. 508 working under my personal supervision.

Signed R. E. Thurmon

Licensed Embalmer No. 503

P. O. Address Springfield Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.