

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 12 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

18689

State File No. _____

Registration District No. 678

Primary Registration District No. 4404

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Greene

(b) City or town St James MO

(c) Name of hospital or institution None

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ (Specify whether _____)

years, months or days

3. (a) PRINT FULL NAME Lona V. Blake

8. (b) If veteran, name war 2 8. (c) Social Security No. _____

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

6. (b) Name of husband or wife 1 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased May 9 1944 (Month) (Day) (Year)

8. AGE: Years _____ Months 8 Days 4 If less than one day _____ hr. _____ min.

9. Birthplace St Louis MO (City, town, or county) (State or foreign country)

10. Usual occupation Imp. work

11. Industry or business _____

12. Name R. H. Blake

13. Birthplace St Louis MO State (City, town, or county) (State or foreign country)

14. Maiden name Blair

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

16: (a) Informant R. H. Blake

(b) Address 6237 Famous Ave

17. (a) Burial (b) Date thereof 4-15-41 (Month) (Day) (Year)

(c) Place: burial or cremation Local Masonic Cem

18. (a) Signature of funeral director W. James Missouri

(b) Address _____

19. (a) 5-15-41 (Date received local registrar) (b) Elsie B. Hoey (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Greene

(c) City or town St James MO 17 (If outside city or town limits, write "RURAL")

(d) Street No. 6237 Famous Ave 9 (If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr 13 day _____ year 19 41 hour 7 minute 32 07 M.

21. I hereby certify that I attended the deceased from 13 Apr 8 1941 to _____, 19____; that I last saw her alive on 4, 13, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Rotor Pneumia

Due to _____

Due to _____

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

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

Signature [Signature] (M. D. or other) _____

Address St James MO Date signed _____

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

RECEIVED

District Health Officer No. 5,

District File Number 6411715-

Date Filed _____

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 _____

L. J. Jones

Licensed Embalmer No. 2379

P. O. Address Steelville 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.