

MOISSOURI JUL 11 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

22094

State File No.

Registration District No. 496

Primary Registration District No. 5660

Registrar's No. 51

1. PLACE OF DEATH:

(a) County Linn

(b) City or town Rural Brookfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

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

In this community Four Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri

(b) County Linn

(c) City or town Brookfield Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Route #2
(If rural, give location)

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

3. (a) PRINT FULL NAME TRATHA J. BLODGETT

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April - 20 - 1851
(Month) (Day) (Year)

8. AGE: Years 90 Months 1 Days 16 If less than one day _____ hr. _____ min.

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

10. Usual occupation at home

11. Industry or business _____

12. Name Ora Blodgett

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

14. Maiden name Mollissa Prothman

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

16. (a) Informant's own signature W. B. Simpson

(b) Address Route #2 Brookfield Mo

17. (a) Burial (b) Date thereof June 8 - 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Downing Mo

18. (a) Signature of funeral director Lyle Moore

(b) Address Downing Mo

19. (a) 6/8/41 (b) Franklin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6
year 1941 hour 11 minute A.M.

21. I hereby certify that I attended the deceased from April 30, 1941, to June 6, 1941; that I last saw him alive on June 6, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Cornarage Thromboses Duration 45 days

Due to Arteriosclerosis

Due to _____

Other conditions 94 W
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy none

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? 445

While at work? _____ (Specify type of place) (e) Means of injury 2

23. Signature W. B. Simpson (M. D. or other) MD

Address Brookfield Date signed 6/8/41

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 me

....., Registered Apprentice No.....
working under my personal supervision.

Signed Loyd Moore

Licensed Embalmer No. 31571

P. O. Address Downing Md

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.