

FILED AUG 13 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23810

Registration District No. 83

Primary Registration District No. 1001

Registrar's No. 688

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2018 Francis 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 50 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 2312 Oak
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Elizabeth Blake

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

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

6. (b) Name of husband or wife Wesley Blake 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased March 18, 1865
(Month) (Day) (Year)

8. AGE: Years 77 7/8 Months 3 Days 18 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Sam Cullison

13. Birthplace Harrison Co. Mo
(City, town, or county) (State or foreign country)

14. Maiden name Henrietta Cullison
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs John Keller

(b) Address St Joseph, Mo.

17. (a) Burial (b) Date thereof 7/8/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetary

18. (a) Signature of funeral director Fleeman & Son Inc

(b) Address 1946 Caloun

19. (a) 7-7-42 (b) Rose Herzog
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6
year 1942 hour 8 minute 30 a.m.

21. I hereby certify that I attended the deceased from March 12, 1942 to June 30, 1942
that I last saw him alive on June 30, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: senile Dementia 6 m
cardiac insufficiency 6 m
Due to: arteriosclerosis 10/24

Due to _____
Other conditions _____
(include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

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) (c) Means of injury _____
23. Charles H. Kerner M. D. attested
Address 221 Kirkpatrick Bldg. 7-7-1942

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

MOTHER FATHER

1233 (Licensed Embalmer's Statement on Reverse Side)

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.....

Robert H. Gable

Licensed Embalmer No. *3308*

P. O. Address *St. Joseph, 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, fact should be so stated above.