

S. No. 2
DM-542
5-17-39
I X32577

15236

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAY 7 1943

Registration District No. 316

Primary Registration District No. 6.7.5

Registrar's No. 265

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Farmington RURAL St. Francois
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Mo. State Hospital No. 42
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 month 18 days
(Specify whether _____)

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot

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

(d) Street No. 403 Highland Ave.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME NYNA J. BLAKEMORE

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

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

6. (b) Name of husband or wife S. J. Blakemore 6. (c) Age of husband or wife if alive Dead years

7. Birth date of deceased April 5, 1879
(Month) (Day) (Year)

8. AGE: Years 64 Months 0 Days 11 If less than one day _____ hr. _____ min.

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

10. Usual occupation Sales Lady

11. Industry or business _____

MOTHER FATHER { 12. Name Dixon

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

14. Maiden name Ellen Cook

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

16. (a) Informant Records State Hospital No. 4
(b) Address Farmington, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-18-43
(Month) (Day) (Year)

(c) Place: burial or cremation Caruthersville Cem., Caruthersville, Mo.

18. (a) Signature of funeral director La Forge Undertakers
(b) Address Caruthersville, Mo.

19. (a) April 30, 1943 (b) Byadie Bukhmetev
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16
year 1943 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from March 24, 1943 to April 16, 1943
that I last saw her alive on April 16, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Multiple cerebral hemorrhages

Due to _____
Due to _____

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

Major findings: diabetic 3rd dent.
Of operations _____
Of autopsy: brain & hemorrhages throughout cerebral white matter

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? _____
While at work? _____ (Specify type of place)

23. Signature [Signature] (M. D. or other) _____
Address 314 St. Callaghan Date signed 4-18-43

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

1171

(Licensed Embalmer's Statement on Reverse Side)

District Health Officer No. 4
District File Number 543-2119
Date Filed 5-5-43

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 Nellie Harter

Licensed Embalmer No. 2969

P. O. Address Farmington, 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.