S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19353

FILED JUN 5 1944

Registration District No. 3076

Primary Registration District No. 3076

Registrar's No. 61

1. PLACE OF DEATH:

(a) County VERNON

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

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

(d) Length of stay: In hospital or institution 1 N (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CEDAR 21

(c) City or town EL DORADO SPRINGS
(If outside city or town limits, write "RURAL")

(d) Street No. 212 W OLIVE
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME VIOLA A BLEVINS

3. (b) If veteran, name war —

3. (c) Social Security No. None

4. Sex FEMALE

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased DECEMBER (Month) 12 (Day) 1868 (Year)

8. AGE: Years 75 Months 4 Days 13 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Clark Chitwood
13. Birthplace (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Chaney Hicks
15. Birthplace (City, town, or county) Mo (State or foreign country)

16. (a) Informant Mrs Blanche Perkins

(b) Address Nevada, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-27-44 (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetry

18. (a) Signature of funeral director Gwinn Siders

(b) Address El Dorado Springs Mo

19. (a) 5-3-44 (Date received local registrar) (b) Hazel B Beurck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 25th year 1944 hour 1:00 minute P.M.

21. I hereby certify that I attended the deceased from Mar 10, 1944, 19 to Apr. 25, 1944; that I last saw her alive on Apr. 25, 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute uremia	3 da
Due to Chr. interstitial nephritis	?
Due to	
Other conditions Diabetes mellitus (Include pregnancy within 3 months of death)	?

Major findings:
Of operations
Of autopsy

61

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 C R King (M. D. or other)

Address Nevada, Mo Date signed 4-27-44

1331

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 5-44-661
Date Filed 6-2-44

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 M D Turner

Licensed Embalmer No. 2034

P. O. Address El Dorado Springs, 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.