

S. No. 2  
M-8-43  
v. 5-17-39  
p. 1 X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30480**  
Registrar's No. **929**

FILED SEP 26 1944

Registration District No. \_\_\_\_\_

Primary Registration District No. **1000**

1. PLACE OF DEATH:  
(a) County **Buchan**  
(b) City or town **Saint Joseph.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Missouri Methodist.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **14 Days.**  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME **Bessie Pearl Blevins.**

3. (b) If veteran, name war: \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife **Elton Blevins.** 6. (c) Age of husband or wife if alive **63** years

7. Birth date of deceased **Sept, 10th, 1885**  
(Month) (Day) (Year)

8. AGE:	Years <b>59</b>	Months <b>0</b>	Days <b>13</b>	If less than one day hr. _____ min. _____
---------	-----------------	-----------------	----------------	--

9. Birthplace **Loup City, Nebr.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **House Wife.**

11. Industry or business \_\_\_\_\_

12. Name **Hiram C. Crouse.**

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

14. Maiden name **Ida Werser.**

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

16. (a) Informant **Frank Crouse**

(b) Address **Mound City, Mo.**

17. (a) **Burial** (b) Date thereof **Sept. 26/44**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
**Mound City, Mo.**

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director **W.H. Crawford.**

(b) Address **Mound City, Mo.**

19. (a) **9/25/44** (b) **Jalen Peckle**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Holt.**  
(c) City or town **Mound City.**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location) No. \_\_\_\_\_  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **23rd.**  
year **1944** hour **9** minute **p** M.

21. I hereby certify that I attended the deceased from **9/9/44**, 19\_\_\_\_, to **9/23/44**, 19\_\_\_\_;  
that I last saw her alive on **9/23/44**, 19\_\_\_\_,  
and that death occurred on the date and hour stated above.

Immediate cause of death:  
**Heart Disease, arteriosclerotic and hypertensive**  
**Enlargement of heart**  
**Myocardial insufficiency, grade 4**  
**Nephritis, Chr., glomerular**

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:

(c) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(d) 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 **W. Carl M. Doster**

Address **St. Joseph, Mo.** Date signed **9/25/44**

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

MOTHER, FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

1377

(Licensed Embalmer's Statement on Reverse Side)

OCT 26 1944

**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.....

*H. H. Crawford*

Licensed Embalmer No. *1824*

P. O. Address.....

*Mound City, 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.**