

No. 2
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DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS THE STATE BOARD OF HEALTH OF MISSOURI
FILED MAR 11 1946 STANDARD CERTIFICATE OF DEATH

5209 ✓

State File No. _____

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 143

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution seven hours
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Barry
(c) City or town Monett
(If outside city or town limits, write "RURAL")
(d) Street No. 806 Euclid Ave
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country none

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Charles Andrew Blakemore
3. (b) If veteran, name war none
3. (c) Social Security No. UNK.

20. DATE OF DEATH: Month February day 9
year 1946 hour 5 minute 30 AM.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Minnie Geister Blakemore 6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased March 18, 1884
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 3 AM Feb. 9, 1946, to 5:30 AM Feb. 9, 1946; that I last saw him alive on Feb. 9, 1946; and that death occurred on the date and hour stated above.

8. AGE: Years 61 Months 19 Days 21 If less than one day hr. _____ min. _____

Immediate cause of death: Acute hemorrhagic gastro-enteritis Duration 3 days
Due to Etiology unknown

9. Birthplace Prairie Grove Arkansas
(City, town, or county) (State or foreign country)

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

10. Usual occupation Railway Postal Clerk

Major findings: Of operations _____
Of autopsy 1200
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business U.S. Government

12. Name Thomas Mark Blakemore

13. Birthplace Prairie Grove Arkansas
(City, town, or county) (State or foreign country)

14. Maiden name Jennie Allen

15. Birthplace Little Rock Arkansas
(City, town, or county) (State or foreign country)

16. (a) Informant me C. A. Blakemore

(b) Address 806 Euclid, Monett Mo.

17. (a) Burial (b) Date thereof Feb 12 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation 000 Cem. - Monett, Mo.

18. (c) Signature of funeral director Callaway

(b) Address Monett Mo.

19. (a) 2-15-46 (b) B. W. Handley
(Date received local registrar) (Registrar's signature)

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) (e) - Means of injury _____
23. Signature Bruce Lemmon (M. D. or other) _____
Address 600 Med. Arts, Springfield, Mo. Date signed 2-15-46

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

4214

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MAR 19 1948

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 J. D. Buchanan

Licensed Embalmer No. 3179

P. O. Address Monett 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.

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