

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

6528

State File No. _____

FILED MAR 8 1946 STANDARD CERTIFICATE OF DEATH

Registration District No. 23/ Primary Registration District No. 4346 Registrar's No. 3

1. PLACE OF DEATH:

(a) County Montgomery
(b) City or town Montgomery
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 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 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Joseph H. Blades

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept 14 th 1859
(Month) (Day) (Year)

8. AGE: Years 86 Months 4 Days 24 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired Farmer

11. Industry or business _____

MOTHER, FATHER { 12. Name Charles G. Blades
13. Birthplace Maryland
(City, town, or county) (State or foreign country)
14. Maiden name Ann Cowherd
15. Birthplace Callaway Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Pauline Blades
(b) Address Montgomery City Mo

17. (a) Burial (b) Date thereof 2-10-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Montgomery City Cem

18. (a) Signature of funeral director C. W. Hopkins

(b) Address Montgomery City Mo

19. (a) 2-9-46 (b) Virginia J. [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 8 th
year 1946 hour 5 minute p M.

21. I hereby certify that I attended the deceased from 12-14-42, 19____, to 2-8-46, 19____;
that I last saw him alive on 2-8-46, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death
Acute nephritis
Due to chronic interstitial nephritis 15 yr
Due to chronic arterial sclerosis 15 yr

Duration
1 wk

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

Major findings:
Of operations _____
Of autopsy _____
1312

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) _____
(a) While at work? _____ (b) Means of injury 2

23. Signature A. H. [Signature] (M. D. or other) D-O
Address Montgomery City, Mo. Date signed 2-8-46

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

RECEIVED

District Health Officer No. 9,

District File Number _____

Date Filed _____

3-7-46

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, ~~xxx~~ on the 8th day

of Feb 1946

Registered Apprentice No. _____

working under my personal supervision:

Signed _____

C. W. Hopkins
C. W. Hopkins

Licensed Embalmer No. 1487

P. O. Address Montgomery 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.