

8-43
v. 5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

FILED MAR 19 1946 STANDARD CERTIFICATE OF DEATH

State File No. **8847**

Registration District No. **77** Primary Registration District No. **30-2-4128** Registrar's No. **30**

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

1. PLACE OF DEATH:

(a) County **CLAY**

(b) City or town **Missouri City, MO.**
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

In this community **16 yrs**

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **clay 24**

(c) City or town **Missouri city**
(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 **Whit BLAIN**

3. (b) If veteran, name war **NO** 3. (c) Social Security No. **70**

4. Sex **7 / 1** 5. Color or race **W** 6. (a) Single, widowed, married, divorced, **widow**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased **July 27 1874**
Month (Day) (Year)

8. AGE: Years **71** Months **7** Days **6** If less than one day hr. _____ min. _____

9. Birthplace: **Richmond MO**
(City, town, or county) (State or foreign country)

10. Usual occupation: **none**

11. Industry or business: _____

MOTHER FATHER

12. Name **Wm MORRIS**

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

14. Maiden name **Mary Elizabeth Gifford**

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

16. (a) Informant **Minnie Masby** (b) Address **Missouri city MO**

17. (a) **removal** (b) Date thereof **3/2/46**
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Place of burial or cremation **TEARACE HILL FUNERAL HOME**

(b) Signature of funeral director **Bonnie Springs Kansas**

(c) Address **Liberty Missouri**

19. (a) **3/5/46** (b) **Caroline Hutchings**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **3** year **1946** hour **3** minute **30 A.M.**

21. I hereby certify that I attended the deceased from **Feb. 10 1946** to **Mar. 3 1946**; that I last saw him alive on **Mar. 3 1946**; and that death occurred on the date and hour stated above.

Immediate cause of death **Apoplexy (cerebral)** Duration **2 hours**

Due to **Chronic interstitial nephritis** Unknown

Due to _____

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

Major findings: Of operations _____

Of autopsy **13/10**

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? _____ (c) Means of injury _____

23. Signature **Vincent E. Shale** (M. D. or other) _____
Address **Onis, Mo** Date signed **3-4-46**

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 3-15-46

1944
72
87

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 _____

working under my personal supervision.

Self

_____, Registered Apprentice No. _____

Signed

Tector E. Linniger

Licensed Embalmer No. 2896

P. O. Address Liberty, 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.