

No. 2  
5-43  
-17-39  
X3

THE STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

30908

State File No. ....

**FILED OCT 27 1946**  
Registration District No. 187

Primary Registration District No. 3040

Registrar's No. 110

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

1. PLACE OF DEATH:

(e) County Livingston  
 (b) City or town Chillicothe  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
416 Third Street 3  
(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) 3 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler 12  
 (c) City or town..... Popular Bluff 7  
(If outside city or town limits, write "RURAL")  
 (d) Street No. Unknown 3  
(If rural, give location)  
 (e) Citizen of foreign country? No. 1  
(Yes or No)  
 If yes, name country.....

3. (a) PRINT FULL NAME WILLIAM WASHINGTON BLADES  
 3. (b) If veteran, name war None  
 3. (c) Social Security No. No.

4. Sex Male 5. Color or face White  
 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife Gertrude Blades  
 6. (c) Age of husband or wife if alive 5 years  
 7. Birth date of deceased March 29 1882  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
64 5 27  
 hr. min.

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

10. Usual occupation Conductor

11. Industry or business Railroad

12. Name William W. Blades

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

14. Maiden name Sarah C. Bunyard

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

16. (a) Informant John H. Baker

(b) Address Chillicothe, Missouri

17. (a) Removal (b) Date thereof 9-27-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bonne Terre, Missouri

18. (a) Signature of funeral director F. B. Norman Funeral Home  
 (b) Address Chillicothe, Missouri

19. (a) Sept. 27, 46 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 26  
 year 1946 hour 3 minute 7 M.  
 21. I hereby certify that I attended the deceased from now  
11 to now  
 that I last saw him alive on now  
 and that death occurred on the date and hour stated above  
 Immediate cause of death Disease heart Duration

Due to no history

Due to ✓

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

PHYSICIAN  
 Underline the cause to which death should be charged statistically.  
 Major findings: Of operations none  
 Of autopsy none

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) none  
 (b) Date of occurrence Sept 27 1946  
 (c) Where did injury occur? none  
(City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
none

23. Signature [Signature] (Specify type of place) Home  
(M.D. or other)  
 Address Chillicothe, Mo. Date signed 9-27-46

NOV 8 1946

NOV 13 1946

HEALTH OFFICE  
Chillicothe, Mo.

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 Edna S. Norman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, Missouri.

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.