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U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 9 1947
128

THE STATE BOARD OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

40195
State File No. _____
Registrar's No. 1027

Registration District No. 128 Primary Registration District No. 2000

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

1. PLACE OF DEATH:

(a) County GREENE
Springfield

(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1704 Cherry Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
In this community 20 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME ANNABELLE BLALOCK

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife Byrd Blalock

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased January 14, 1901
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

45 11 6 hr. min.

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

10. Usual occupation House Wife

11. Industry or business House Wife

12. Name Samuel W. Wright

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

14. Maiden name MARTHA E. SCOTT

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

16. (a) Informant Byrd Blalock

(b) Address 1703 Cherry, Springfield, MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Dec. 22, 1946
(Month) (Day) (Year)

(c) Place: burial or cremation HAZELWOOD

18. (a) Signature of funeral director Fred O. Thieme

(b) Address Springfield, MO.

19. (a) 12-22-46 (Date received local registrar)

(b) W. Handy (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

(c) City or town Springfield
(If outside city or town limits, write "RURAL")

(d) Street No. 1703 Cherry Street (If rural, give location) (Rural)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December 20th day 1946 year 7:04 A.M. hour minute M.

21. I hereby certify that I attended the deceased from Nov 1, 1946 to December 20, 1946
that I last saw her alive on Dec. 20, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Post cerebral hemorrhage
respiratory failure

Duration 5 days
5 days

Due to _____

Due to _____

Other conditions Pneumonia
(Include pregnancy within 3 months of death) 5 days

Major findings: Old pneumonia

Of autopsy: 83%

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 _____ (e) Means of injury _____

23. Signature L. Lydie Blalock (M. D. or other) _____

Address 219 1/2 E. Walnut Date signed 12/21/46

DEC 1 1958

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..... *Ralph S. Stein*
Licensed Embalmer No..... 3681
P. O. Address..... Springfield, 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.