

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34057

FILED NOV 5 1947

State File No.

Registration District No. 88

Primary Registration District No. 5336

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Crawford Mo

(b) City or town Rural Merimou
(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 all his life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Crawford Mo

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

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? American (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William P Blount

3. (b) If veteran, name war.

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 2th
year 1947 hour 10 minute 30 A. M.

21. I hereby certify that I attended the deceased from June 1946 to Aug 2 1947
that I last saw h. in alive on Aug 2 1947
and that death occurred on the date and hour stated above.

4. Sex MO 5. Color or race W

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

6. (b) Name of husband or wife Bora Blount

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

7. Birth date of deceased 8-15-1877
(Month) (Day) (Year)

Immediate cause of death Coronary thrombosis Duration 3 hrs.

8. AGE: Years Months Days If less than one day
69 11 18 hr. min.

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

10. Usual occupation Insurance Salesman

11. Industry or business

12. Name William Blount

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

14. Maiden name Elizabeth A. Over

15. Birthplace Ray Co Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant Ross Lee

(b) Address Shelville MO

17. (a) (Burial, cremation, or removal)

(b) Date thereof 8-5-1947
(Month) (Day) (Year)

(c) Place: burial or cremation Shelville cemetery

18. (a) Signature of funeral director P. James & Son

(b) Address Shelville MO

19. (a) 10-8-47 (Date received local registrar)

(b) [Signature] (Registrar's signature)

Due to

Due to

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations GUP

Of autopsy

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?

While at [Signature] (Specify type of place)

By means of injury [Signature]

23. Signature [Signature] (M. D. or other)

Address Shelville Mo Date signed 8/4/47

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

MOTHER FATHER

RECEIVED

District Health Officer No 5,
District File No. 1047597
Date Filed 10-30-47

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 Harry Jones

Embalmed

Registered Apprentice No. _____

working under my personal supervision.

Signed Harry Jones

Licensed Embalmer No. 2678

P. O. Address Steubenville 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.