FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 28 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2166

Registration District No. 326 Primary Registration District No. 3059 Registrar's No. 6

1. PLACE OF DEATH:
(a) County St. Francis
(b) City or town Bonne Terre
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bonne Terre Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community ~~3d~~ years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Washington 110
(c) City or town Rural 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. Near Shirley Mo 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Robert Blount
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male
5. Color or race white
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Cora Blount
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased June (Month) 21 (Day) 1868 (Year)

8. AGE: Years 79 Months 6 Days 13 If less than one day hr. min.

9. Birthplace Washington Co. (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation Farmer
11. Industry or business None
FATHER
12. Name John P. Blount
13. Birthplace Washington Co. (City, town, or county) Mo. (State or foreign country) 0
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9
16. (a) Informant Cora Blount 1
(b) Address Shirley Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-11-48 (Month) (Day) (Year)
(c) Place: burial or cremation Near Shirley Mo
18. (a) Signature of funeral director Mrs. Luther Sparks
(b) Address Patosi Mo
19. (a) 1-14-48 (Date received local registrar) (b) Esther Rudloff (Registrar's signature) 2840

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 9
year 1948 hour 12 minute 30 A.M.
21. I hereby certify that I attended the deceased from Jan 6 19 1948 to Jan 9 1948
that I last saw him alive on Jan 9 1948
and that death occurred on the date and hour stated above.
Immediate cause of death Arteriosclerotic heart disease
Duration several years
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations 93 D
Of autopsy

PHYSICIAN
Underline the cause of 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 0
23. Signature Van M. Taylor (M. D. ~~or other~~)
Address Bonne Terre, Mo. Date signed 1-9-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

...ict Health Officer No. 4

...ile Number 148-127

1-27-48

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 Murphy L Spanks

Licensed Embalmer No. 4234

P. O. Address Flat River Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.