

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17016

National Office of Vital Statistics
FILED JUN 15 1948
Registration District No. 23

Primary Registration District No. 4348

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Montgomery

(b) City or town Wellsville, 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 69 years
(Specify whether years, months or days)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery

(c) City or town Wellsville, Mo
(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 Carrie Blain

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2
year 1948 hour 10:00 minute A

21. I hereby certify that I attended the deceased from Jan 2 1945 to June 2 1948
that I last saw her alive on June 2 1948
and that death occurred on the date and hour stated above. Duration 45 48

4. Sex F 5. Color or race Col 6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased: December 20 1871
(Month) (Day) (Year)

Immediate cause of death: myocardial infarction and hypercardial degeneration 3 yrs

Due to _____

8. AGE: Years 76 Months 77 Days 5 13
If less than one day _____ hr. _____ min

Due to _____

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

9. Birthplace: Bowling Green, Mo
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business same

12. Name Don't know

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

14. Maiden name Don't know (City, town, or county) (State or foreign country)

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

Major findings: 4/3/48

Of operations _____

Of autopsy _____

16. (a) Informant John C. Blain
(b) Address Albuquerque, N.M.

17. (a) Burial (b) Date thereof 6/4/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bowling Green, Mo

18. (a) Signature of funeral director [Signature]
(b) Address Wellsville, Mo.

19. (a) June 4, 1948 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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 work? _____ (Specify type of place)
Means of injury _____

23. Signature [Signature] (M. D. or other title)
Address [Address] Date signed 6/3/48

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

MOTHER FATHER

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 Self

Registered Apprentice No. _____

working under my personal supervision.

Signed A. B. Kelle

Licensed Embalmer No. 588

P. O. Address Kelleville, 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.