

REC'D MAR 17 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

7624

Do not use this space.

1. PLACE OF DEATH

(a) County *Osprey* Registration District No. *750*
(b) Township *1* Primary Registration District No. *4451*
(c) City *Dominican* (d) Street No. _____ St. _____
(e) Length of residence in city or town where death occurred *27* yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. *Dominican Mo.* St. (If nonresident, give city or town and State)
Usual place of abode, if no street address, write county or city

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

John J. Blunk

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

April 26-1865

7. AGE

YEARS

73

MONTHS

9

DAYS

24

If LESS than 1 day,hrs. ormin.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Housewife*
9. Industry or business in which work was done, as saw mill, bank, etc. *at home*
10. Date deceased last worked at this occupation (month and year) *1-28*
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Indiana

13. NAME

John Johnson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Indiana

15. MAIDEN NAME

Marity

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Indiana

17. INFORMANT (ADDRESS)

Mrs. Jessie Wright, Dominican Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Oak Ridge Cem.* DATED *2-20-39* 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS)

Jordan, Dominican

20. FILED (ADDRESS)

Feb. 20, 1939 E. B. Johnston, Local Registrar, Dominican Mo.

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

2-19-39 19

22. I HEREBY CERTIFY, That I attended deceased from

Sept 1932 to *Feb 1939*
I last saw *her* alive on *Feb 17* 19*39*. Death is said to have occurred on the date stated above, at *11:45 P.M.*
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset

Other contributory causes of importance:

Chronic nephritis

Name of operation _____ Date of _____

What test confirmed diagnosis? *Clinical* Was there an autopsy? *no*

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____ (Signed) *E. B. Johnston*, M. D.1939 (Address) *Dominican 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, 2-20-

or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Licensed Embalmer No. 3200

P. O. Address Douglas

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

If this body is not embalmed, above space should be left blank.