REC'D SEP 14 1939

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

29471
Do not use this space.

1. PLACE OF DEATH
(a) County Jefferson 2
(b) Township 1
(c) City Festus
Registration District No. 421.
Primary Registration District No. 4249
Registered No.
(d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
453

2. PRINT FULL NAME Mary M. Blunt
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Robert L. Blunt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 4-1860

7. AGE: Years 79 | Months 3 | Days 26 | If LESS than 1 day, ...hrs. or ....min.

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

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

FATHER
13. NAME: Charles Cook
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Martha Durham
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): U. S. A

17. INFORMANT (ADDRESS): Mrs Thos. Earnhart Festus Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Festus, Methodist DATE 9-3- 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Fink Und. Co Festus Mo.

20. FILED Sept 3 1939 J. E. Rutledge M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): ~~Aug 28~~ Sept 1st 1939

22. I HEREBY CERTIFY, That I attended deceased from November 12, 1938 to August, 1939
I last saw her alive on Aug 28, 1939 Death is said to have occurred on the date stated above, at 4:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	
Chronic Myocarditis	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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? No
If so, specify .....
(Signed) B. Bolgar, M. D.
(Address) Festus, Mo

Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH INKING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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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, Eleuan Rounce, or by ——,

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

Signed Eleuan Rounce

Licensed Embalmer No. 3403

P. O. Address Festus, 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, above space should be left blank.