

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37406

Registration District No. 642

Primary Registration District No. 6104

Registrar's No.

1. PLACE OF DEATH:

- (a) County Stone (b) City or town Rural - Pierre 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

(Specify whether

In this community

years, months or days) 63 years

3. (a) PRINT
FULL NAME

James A. Blades
J. A. Blades 432

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 Widowed

6. (b) Name of husband or wife

6. (c) Age of husband or wife if

alive years

7. Birth date of deceased

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

81

11

23

hr.

min.

9. Birthplace

mo

(City, town, or county)

(State or foreign country)

10. Usual occupation

farmer

11. Industry or business

MOTHER FATHER

12. Name Edward Blades

18. Birthplace unknown

(City, town, or county)

(State or foreign country)

14. Maiden name Margaret Peterson

15. Birthplace unknown

(City, town, or county)

(State or foreign country)

16. (a) Informant's own signature

Alice Cortner

(b) Address

Crane mo

17. (a) Burial

(b) Date thereof

Oct 20 1939

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation

Crane mo

18. (a) Signature of funeral director

George H. Monahan

(b) Address

Crane mo

19. (a) 10-21-39

(b)

Mrs Ethel J. Jagg

(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Stone
(c) City or town Rural - Pierre Township
(If outside city or town limits, write "RURAL")
(d) Street No. Pierre Township
(If rural, give location)
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 19
year 1939 hour 5:30 minute PM

21. I hereby certify that I attended the deceased from Oct 2
1939 to Oct 19 1939

that I last saw him alive on Oct 18 1939

and that death occurred on the date and hour stated above

Immediate cause of death Endarteritis obliterans Duration 2 mon

Due to Hypertension

Due to senility

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy none

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 work? ✓ (Specify type of place)
(e) Means of injury ✓

23. Signature H. L. Kerr (M. D. or other)
Address Crane mo Date signed 10-19-39

RECEIVED
District Health Officer No. 6,
District File Number 1139-2208
Date Filed NOV 7 1939

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.....

Licensed Embalmer No.....

P. O. Address.....

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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

37406

Do not use this space.

1. PLACE OF DEATH

(a) County Stone

Registration District No. 842

(b) Township Pierce

Primary Registration District No. 6104

(c) City

(d) Street No.

(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

yr. mps. ds.

(f) How long in U.S., if of foreign birth? yr. mos. ds.

2. PRINT FULL NAME

(a) Residence, No.

St.

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

W

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

Wid

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

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

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

81

11

23

OCCUPATION

8. Trade, profession, or particular kind of
work done, as sawyer, bookkeeper, etc.

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)

FATHER

13. NAME

Edward Blader

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

MOTHER

15. MAIDEN NAME

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

17. INFORMANT
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

19

19. FUNERAL DIRECTOR
(ADDRESS)

20. FILED 10-21, 1939 Mrs Ethel Sogitt

Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 19, 1939

22. I HEREBY CERTIFY, That I attended deceased from
....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the day stated above, at.....m.

The principal cause of death and related causes of importance were as follows:

Date of onset

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?

If so, specify

(Signed)

H. K. Kees

M. D.

(Address)

Crane

new

