

STANDARD CERTIFICATE OF DEATH

State File No. 3461

Registration District No. 733

Primary Registration District No. 4438

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Randolph 2
(b) City or town Huntsville
(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 _____
(Specify whether
In this community 45 yr
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Huntsville
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME WALTER COLUMBUS BLOCK

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race W 6. (a) Single, widowed, married, divorced m

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

7. Birth date of deceased May 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 8 5 hr. _____ min.

9. Birthplace Randolph Co
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name William Tell Block

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

14. Maiden name Maria Ann Key

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

16. (a) Informant's own signature Mrs. Walter C. Block
(b) Address Huntsville, MO

17. (a) Burial (b) Date thereof Jan 12, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. John Cemetery

18. (a) Signature of funeral director Tom B. Satter
(b) Address Huntsville, MO

19. (a) Feb-3-1940 (b) Wm. D. A. Barnhart
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 10
year 1940 hour 9 minute 30 M.

21. I hereby certify that I attended the deceased from Mar 1, 1938, to Jan 10, 1940;
that I last saw him alive on Jan 10, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis Duration 2 yrs

Due to _____

Due to _____

Other conditions 77
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

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 Philip Dreyer (M.D. or other)
Address Huntsville Mo Date signed 1/29/40

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.

RECEIVED

District Health Officer No. 10

District File Number 2-40-325

Date Filed FEB 3 1940

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 Paul J. Datton

Licensed Embalmer No. 4095

P. O. Address Huntsville, Ala.

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.