

Registration District No. 7

Primary Registration District No. 4464

Registrar's No. 8

FILED FEB 23 1940

1. PLACE OF DEATH  
(a) County: St. Francis  
(b) City or town: Farmington Mo  
(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 years, months or days)  
In this community 17 Years

2. USUAL RESIDENCE OF DECEASED:  
(a) State: Mo (b) County: St. Francis  
(c) City or town: Farmington  
(If outside city or town limits, write "RURAL")  
(d) Street No. 212 Wash Franklin  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME: Daniel Lafayette Blaylock  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 1-8 day 15 year 1940 hour 6 minute 30 A.M.

4. Sex: Male 5. Color or race: W 6. (a) Single, widowed, married, divorced: married  
6. (b) Name of husband or wife: Mary Ann Garner Blaylock 6. (c) Age of husband or wife if alive: 74 years  
7. Birth date of deceased: July 20 1864  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 11-14 1939 to 1-15 1940, that I last saw him alive on 1-14 1940; and that death occurred on the date and hour stated above.

8. AGE: Years 75 Months 5 Days 25 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death: Terminal  
Uremia  
Terminal Bronchopneumonia

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

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

10. Usual occupation: Worked in mines

Other conditions: General arteriosclerosis  
(Include pregnancy within 3 months of death)  
Arteriosclerotic Heart Disease

MOTHER FATHER  
11. Industry or business: Lead mines  
12. Name: John S. Blaylock  
13. Birthplace: York, Pa  
(City, town, or county) (State or foreign country)  
14. Maiden name: Allison S. Challenge  
15. Birthplace: Berry Co. Mo  
(City, town, or county) (State or foreign country)

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature: Paul E. Blaylock

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? \_\_\_\_\_

17. (a) Wood Lawn (b) Date thereof: 17th Jan 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Wood Lawn Dealing Co

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

18. (a) Signature of funeral director: Farmington Mo  
(b) Address: \_\_\_\_\_

23. Signature: Richard Crowell (M. D. or other) \_\_\_\_\_  
Address: Farmington Mo Date signed: 1-16-40

19. (a) Jan 17-40 (b) B. J. Robinson  
(Date received local registrar) (Registrar's signature)

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.

**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.....

*me*....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*C. Hugo Cozart*  
Licensed Embalmer No. *4084*

P. O. Address *Farmington*

**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.**