

No. 2  
-10-30  
7-11-31  
X-21-31

MAY 15 1940 971

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. 4578

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Morgan

(b) City or town Syracuse, Mo  
(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) 2

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

8. (a) PRINT FULL NAME William Jacob Blount 453

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mollie Sophia Blount 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased November 15 1860  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

79	5	8	hr. min.
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9. Birthplace Plattsburg Missouri 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer Retired 9

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Robert Blount 9

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

14. Maiden name Lizzie Potter

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

16. (a) Informant Evelyn Putnam

(b) Address Syracuse Mo.

17. (a) Burial (b) Date thereof 4-25-1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Syracuse Mo

18. (a) Signature of funeral director Alvare Ewing

(b) Address Sedalia Mo

19. (a) April 30 (b) Omce Corbett  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Morgan

(c) City or town Syracuse  
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23  
year 1940 hour 9 minute 45AM M.

21. I hereby certify that I attended the deceased from March 2, 1940, to April 23, 1940  
that I last saw him alive on April 18, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Old age

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

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? 532  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature M. Dick (M. D. or other) \_\_\_\_\_

Address Syracuse Mo Date signed 4-24-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 7,

District File Number. 5-46-904

Date Filed 6-7-40

**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 *Duane Ewing*

Licensed Embalmer No. *3847*

P. O. Address *Sedalia 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.**