

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.

MAY 13 1940

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

16227

Do not use this space.

1. PLACE OF DEATH

(a) County Schuyler Registration District No. 802
(b) Township Lakin Primary Registration District No. 6046
(c) City _____ (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.

2. PRINT FULL NAME

(a) Residence, No. _____ St. ☐ (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Mar
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF S. J. Blodgett
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 25 1898
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
42 2 24

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. Housewife
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) Emmings Mo

13. NAME James Carter
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Elizabeth Kone
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) G. J. Blodgett Downing Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Webster DATE April 25, 1940

19. FUNERAL DIRECTOR (ADDRESS) Lyde Moore Downing Mo.

20. FILED Apr 25, 1940 H. E. Erving Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 24, 1940
I HEREBY CERTIFY, that I attended deceased from January, 1940, to April 24, 1940
A last saw him alive on April 22, 1940 Death is said to have occurred on the date stated above, at 6:00 a.m.
The principal cause of death and related causes of importance were as follows:

Accidental Phlebotomy

Other contributory causes of importance: 95W

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No.

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) F. J. Downing (Address) Downing Mo.

RECEIVED

District Health Officer No. 10

District File Number 5-40-979

Date Filed MAY 9 1940

STATEMENT BY LICENSED EMBALMER

I, Lloyd Moore, Licensed Embalmer No. 3151

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Lloyd Moore

Licensed Embalmer No. 3151

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.)