

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19747
Registrar's No.

Registration District No. 845 Primary Registration District No. 6108

1. PLACE OF DEATH:
(a) County Stone
(b) City or town
(c) Name of hospital or institution
(d) Length of stay: In hospital or institution
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo
(b) County Boone
(c) City or town Reed's Spring Mo
(d) Street No
(e) If foreign born, how long in U. S. A?

3. (a) PRINT FULL NAME Louis BLEVINS 415
(b) If veteran, name war
(c) Social Security No.

20. DATE OF DEATH: Month May day 15 year 1940 hour 18 minute A.M.

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife Roxie Blevins
6. (c) Age of husband or wife if alive 39 years
7. Birth date of deceased June 12 1895

21. I hereby certify that I attended the deceased from March 10 1940 to May 15 1940 that I last saw him alive on May 14/1940 and that death occurred on the date and hour stated above.

8. AGE: Years 44 Months 11 Days 3 If less than one day hr. min.

Immediate cause of death Acute Uremia
Duration 3 Days

9. Birthplace Ark 1

Due to Acute nephritis
Duration 2 Mo

10. Usual occupation Farmer

Other conditions
Major findings: Of operations
Of autopsy

11. Industry or business
12. Name Pote Blevins
13. Birthplace Darrit Knowlton
14. Maiden name
15. Birthplace Darrit Knowlton

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

16. (a) Informant's own signature Mrs Jas Blevins
(b) Address Reed's Spring Mo
17. (a) Date of death May 16/40
(b) Date of burial
(c) Place: burial or cremation
18. (a) Signature of funeral director Everett J. Chestnut
(b) Address
19. (a) Date received local registrar 5/16/40
(b) Registrar's signature

23. Signature W. S. Skennate (M. D. or other)
Address Reed's Spring Mo Date signed 5/16/40

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. 6,

District File Number 640-1357

Date Filed JUN 10 1960

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.

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STANDARD CERTIFICATE OF DEATH

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 845

Primary Registration District No. 6108

Registrar's No.

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

WVA MOORE

1. PLACE OF DEATH:

(a) County Stone
(b) City or town Ruth
(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 years, months or days)

3. (a) PRINT FULL NAME

Louis Blevins

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

6. (c) Age of husband, or wife, if alive year

7. Birth date of deceased

(Month) (Day) (Year)

8. AGE:

Years Months Days If less than one day
44 11 3 hr min.

9. Birthplace

(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

(City, town, or county) (State or foreign country)

14. Maiden name

15. Birthplace

(City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

17. (a)

(Burial, cremation, or removal)

(b) Date thereof

(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a)

(Date received local registrar)

(b)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town (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 May day 15 year 1948 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19 that I last saw h. alive on and that death occurred on the date and hour stated above.

Immediate cause of death acute uremia Duration

Due to acute hepatitis

Due to Influenza
no chronic hepatitis

Other conditions (Include pregnancy within 5 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?

While at work (Specify type of place) (c) Means of injury

23. Signature L. S. Symonds (M. D. or other)

Address Reeds Spring Date signed

SUPPLEMENTAL

