

No. 2  
-10-39  
17-39  
X21492

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

24894

State File No.

Registration District No. 190

Primary Registration District No. 4112

Registrar's No. 24

1. PLACE OF DEATH:

(a) County Clark  
(b) City or town Kahoka  
(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 Gertude O'Bleness

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

4. Sex female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife T. F. O'Bleness 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Nov. 27 - 1866  
(Month) (Day) (Year)

8. AGE: Years 73 Months 7 Days 13 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housekeeping

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

12. Name Harvey I. Wiley

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

14. Maiden name Mary Jane Darr

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

16. (a) Informant Ingram Meister  
(b) Address Kahoka Mo.

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

(c) Place: burial or cremation Sand Co.

18. (a) Signature of funeral director Walter J. ...  
(b) Address Kahoka Mo.  
19. (a) 7-12-40 (b) J. ...  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Clark  
(c) City or town Kahoka  
(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 July day 10th  
1940 year 1 hour 7 minute 45 A. M.

21. I hereby certify that I attended the deceased from July 7th 1940 to July 10th 1940  
that I last saw her alive on July 10 and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhages

Due to Cancer of Rectum

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

Other conditions 46  
(Include pregnancy within 3 months of death)

Major findings: Colotomy  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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? 174  
While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature Grace L. Gray M. D. or other \_\_\_\_\_  
Address Kahoka Mo. Date signed 7-12-40

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

3  
1  
1

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

3

NOV 1 1949

6 1 1 4

071

RECEIVED

District Health Officer No. 10

District File Number 8-40-1609

Date Filed AUG 10 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.....

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.