

NOV 21 1940

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

36079
Do not use this space.

1. PLACE OF DEATH
(a) County Platte Registration District No. 696
(b) Township May Primary Registration District No. 5928
(c) City Linkville, Mo. (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 JOHN ALFRED BLAKE
(a) Residence, No. Linkville, Missouri St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married.</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lucinda Zumalt</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>8-29-1854</u>				
7. AGE	YEARS <u>86</u>	MONTHS <u>1</u>	DAYS <u>4</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as a sawyer, bookkeeper, etc.			
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Laborer.</u>			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) <u>Bourbon County, Ky.</u> (STATE OR COUNTRY)				
FATHER	13. NAME <u>George Blake</u>			
	14. BIRTHPLACE (CITY OR TOWN) <u>Ky.</u> (STATE OR COUNTRY)			
MOTHER	15. MAIDEN NAME <u>Lucinda Hornbeck</u>			
	16. BIRTHPLACE (CITY OR TOWN) <u>Ky.</u> (STATE OR COUNTRY)			
17. INFORMANT <u>Roy Blake</u> (ADDRESS) <u>Linkville, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Goss Cemetery</u> DATE <u>10-5-1940</u>				
19. FUNERAL DIRECTOR (NAME) <u>L. F. Rollins</u> (ADDRESS) <u>Platte City, Mo.</u>				
20. FILED <u>Oct 6 1940</u> <u>Mo</u> <u>Thomas C. Murray</u> Local Registrar				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>10/3/1940</u>	<u>11:45</u> 19 <u>40</u> AM
22. I HEREBY CERTIFY, That I attended deceased from <u>9-10</u> , 19 <u>40</u> , to <u>10-3</u> , 19 <u>40</u> I last saw him alive on <u>9-30</u> , 19 <u>40</u> . Death is said to have occurred on the date stated above, at <u>11:45</u> a.m. The principal cause of death and related causes of importance were as follows: <u>Prostatic Hypertrophy</u> <u>Ischemia</u> <u>Cardiac Decompensation</u>	
Other contributory causes of importance:	Date of onset
Name of operation	Date of
What test confirmed diagnosis? <u>Cystoscopy</u>	Was there an autopsy? <u>No</u>
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 of injury in any way related to occupation of deceased? If so, specify _____ (Signed) <u>W. E. Greenwood</u> , M. D. (Address) <u>Paducah, Mo.</u>	

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,

E. Benjamin Cost

....., or by

Registered Apprentice No., working under my personal supervision.

Signed *E. Benjamin Cost*

Licensed Embalmer No. *4059*

P. O. Address *Platte City, 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.