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3-40
7-39

DEC 16 1940
Registration District No. **744**

Primary Registration District No. **59703**

Registrar's No. **108**

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

1. PLACE OF DEATH:

(a) County Ray

(b) City or town Rural Richmond
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution home (Specify whether
In this community all life years, months or days) 2

3. (a) PRINT FULLNAME Lela Francis Blain

3. (b) If veteran, name war _____

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased June 26 1908
(Month) (Day) (Year)

8. AGE: Years 32 Months 4 Days 14 If less than one day hr. _____ min. _____

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

10. Usual occupation House Duties

11. Industry or business _____

12. Name William Blane

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

14. Maiden name Kitty Francis Frigg
(City, town, or county) (State or foreign country)

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

16. (a) Informant William Blain

(b) Address Richmond Mo.

17. (a) Burial (b) Date thereof Nov. 11, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dockery Cemetery

18. (a) Signature of funeral director E. Thurman
Richmond Mo. 915

(b) Address _____

19. (a) Nov 11-40 (b) Malcolm Jackson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ray

(c) City or town Richmond Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 7. Miles North of Richmond Mo.
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 9
year 1940 hour 10.55 minute A. M.

21. I hereby certify that I attended the deceased from July, 1938, to Nov. 9, 1940
that I last saw her alive on Nov. 9, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Pericarditis with effusion

Due to Rheumatic

Myocardial insufficiency 3 yrs.

Other conditions (Include pregnancy within 3 months of death) 93F

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: _____
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? _____

(Specify type of place) _____

While at work _____ (e) Means of injury _____

23. Signature JW Gaines (M. D. or other) MD
Address Richmond Mo. Date signed 11-11-40

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 12-12-40

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.