

AN 21 1949

Registration District No. 082

Primary Registration District No. 5780

Registrar's No. 42

1. PLACE OF DEATH:

(a) County Monroe
(b) City or town Rural Washington
(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 _____
In this community almost his entire life time (Specify whether years, months or days)

8. (a) PRINT FULL NAME PETE BLOODGOOD

3. (b) If veteran, name war No 8. (c) Social Security No. No

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

6. (b) Name of husband or wife Widowed 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept 10 1852
(Month) (Day) (Year)

8. AGE: Years 88 Months 3 Days 3 If less than one day _____ hr. _____ min.

9. Birthplace Portland, Me.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Manuel Bloodgood

13. Birthplace Don't Know
(City, town, or county) (State or foreign country)

14. Maiden name Annanda Applegate

15. Birthplace Don't Know
(City, town, or county) (State or foreign country)

16. (a) Informant Edgar Talbert

(b) Address Hammock Hill Me. R.F.D.

17. (a) Rural (b) Date thereof 12-15-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stoutsville Cemetery

18. (a) Signature of funeral director Ernest J. Givran
(b) Address Hammock Hill Me.

19. (a) 12/14/40 (b) F. A. Barnett M.D.
(Date received local registrar) (Registrar's signature) (R-2)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monroe
(c) City or town Rural
(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 Dec day 13
year 1940 hour 8:00 minute A. M.

21. I hereby certify that I attended the deceased from July 12
1940 to Dec 13 1940
that I last saw him alive on Oct 11 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Due to Senility
Due to _____
Other conditions (include pregnancy within 3 months of death) _____
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Duration

PHYSICIAN

Major findings: _____
Of operations _____
Of autopsy _____
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?
910 (Specify type of place) _____
While at work? () Means of injury _____

23. Signature R. H. Parker (M. D. or other) _____
Address Hammock Hill Me. Date signed 12-14-40

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

RECEIVED

District Health Officer No. 10

District File Number 1-41-152

Date Filed JAN 16 1941

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, Me

....., Registered Apprentice No.....
working under my personal supervision.

Signed George J. Givan

Licensed Embalmer No. 1754

P. O. Address Humeville 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.