

FILED JAN 25 1941

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

43540

Do not use this space.

1. PLACE OF DEATH

(a) County Platte Registration District No. 693
(b) Township Preston Primary Registration District No. 4415
(c) City Edgerton, Mo. (3) (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. 30 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Lucinda Blake 0

(a) Residence, No. Linkville, Missouri St. ☐ (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John A. Blake

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 14, 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
77 10 14

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone County, Mo. 0

13. NAME Lewis Zumalt 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone County, Mo.

15. MAIDEN NAME Martha McDaniel

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone County, Mo.

17. INFORMANT (ADDRESS) Roy Blake
Linkville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Goss Cemetery DATE 12/30/1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) L. F. Rollins
Platte City, Mo. 624

20. FILED 1/7 19 41 Vivian R. Dash
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/28/40 - 6:05 P.M.

22. I HEREBY CERTIFY, That I attended deceased from Dec. 8th, 1940, to Dec. 23rd, 1940.

I last saw him alive on Dec. 23rd, 1940. Death is said to have occurred on the date stated above, at 6:05 m. P.M.

The principal cause of death and related causes of importance were as follows:

apoplectic stroke Date of onset Dec. 8th

Other contributory causes of importance: 870

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? NO

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 or injury in any way related to occupation of deceased? NO

If so, specify _____

(Signed) John A. Robinson M. D.

(Address) Edgerton, MO.

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 Cast, or by _____

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

Signed *E. Benjamin Cast*

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.