

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3947

Registration District No. 213

Primary Registration District No. 5942

Registrar's No.

1. PLACE OF DEATH:

- (a) County Salaska Co. Mo.
(b) City or town Waynesville
(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 (Specify whether
In this community years, months or days)

3. (a) PRINT
FULL NAME

David Blue

3. (b) If veteran,
name war

3. (c) Social Security
No.

4. Sex m
5. Color or
race w

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

6. (b) Name of husband or wife
Mary Blue

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

7. Birth date of deceased Jan 1 1859
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 0 15 hr. min.

9. Birthplace Salaska County MO
(City, town, or county) (State or foreign country)

10. Usual occupation Blacksmith

11. Industry or business

- MOTHER FATHER
12. Name Barneybeth Blue
13. Birthplace U.S.
(City, town, or county) (State or foreign country)
14. Maiden name Lusanna Donner
15. Birthplace U.S.
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Blue
(b) Address Waynesville Mo

17. (a) Burial (b) Date thereof Jan 19 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation Newburg

18. (a) Signature of funeral director Lee Johnson

- (b) Address Newburg Mo

19. (a) 1/20/41 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County Salaska Co.
(c) City or town Waynesville
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 16
year 1941 hour 4 minute 0 M.

21. I hereby certify that I attended the deceased from 1/2/41
1/16/41 to 1/16/41, 1941,
that I last saw him alive on 1/2, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death
Industrial Hypertension
Coronary

Due to
Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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?

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

23. Signature C. G. Gallo (M. D. or 1/20)
Address Waynesville Date signed

RECEIVED
District Health Officer No. 5,
District File Number 241292
Date Filed _____

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. 3392

P. O. Address Newburg 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.