

FILED FEB 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **3956**

Registration District No. **720**

Primary Registration District No. **6234**

Registrar's No. **3**

1. PLACE OF DEATH:

(a) County **Putnam**
(b) City or town **Putnam** (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 **Bessie Rosalee Blue**

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

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **W** 2
6. (b) Name of husband or wife **Joseph A. Blue** 6. (c) Age of husband or wife if alive **4** years
7. Birth date of deceased **June 1884** (Month) (Day) (Year)

8. AGE: Years **56** Months **7** Days **12** If less than one day hr. min.

9. Birthplace **Putnam Co. Mo.** (City, town, or county) (State or foreign country)

10. Usual occupation **Home work**

11. Industry or business

12. Name **H. E. Ram B. M. F. R. S.**
13. Birthplace **Mo.** (City, town, or county) (State or foreign country)
14. Maiden name **ESTER BRYANT**
15. Birthplace **Mo.** (City, town, or county) (State or foreign country)

16. (a) Informant **Yung Blue**

(b) Address **Coatsville Mo.**

17. (a) **Burial** (b) Date thereof **Jan 1941** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Concord Mo.**

18. (a) Signature of funeral director **H. E. Ram B. M. F. R. S.**

(b) Address **Unionville Mo.**

19. (a) **Jan 25 41** (b) **E. E. McElrath** (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Putnam**
(c) City or town **Rural** (If outside city or town limits, write "RURAL")
(d) Street No. **Coatsville Mo R7D** (If rural, give location)
(e) If foreign born, how long in U. S. A? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **16** year **1941** hour **10** minute **30 P.** M.

21. I hereby certify that I attended the deceased from **Jan 14**, 1941, to **Jan 16**, 1941 that I last saw her alive on **Jan 14**, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis**

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

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? (Specify type of place)

(e) Means of injury

23. Signature **P. V. Hart** (M. D. or other)

Address **Coatsville Mo.**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Filed Feb 1-41

(Licensed Embalmer's Statement on Reverse Side)

Jan 17-1941

RECEIVED

District Health Officer No. 10

District File Number 2-41-282

Date Filed FEB 8 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, or by.....

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

Signed

Muril E. Husted

Licensed Embalmer No. 3304

P. O. Address Unionville 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.