

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

MAR 25 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7897

Registration District No. 214

Primary Registration District No. 5943

Registrar's No. 20

1. PLACE OF DEATH:

(a) County Pulaski
(b) City or town Bloodland
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 Dec in Hosp
(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 FRANCIS ELIZABETH BLAKE

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

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

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

7. Birth date of deceased. Nov 28 1867
(Month) (Day) (Year)

8. AGE: Years 73 Months 17 Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Sam Crossland

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

14. Maiden name Francis Elizabeth Crossland

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

16. (a) Informant Charles Blake

(b) Address Waynesville, Mo.

17. (a) _____ (b) Date thereof Dec 9 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedship

18. (a) Signature of funeral director Arvey Posters
(b) Address Bloodland, Mo.

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 8 year 1940 hour 6 p m minute 25 M.

21. I hereby certify that I attended the deceased from Dec 2, 1940 to Dec 6 1940

that I last saw her alive on Dec 6 1940

and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure Duration _____

Due to Pneumonia (lobar)

Due to _____

Other conditions 10
(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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature R. O. DeHitt (M. D. or other) 2

Address Waynesville Date signed Dec 9, 1940

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

RECEIVED

District Health Officer No. 5,

Coroner's File Number 341377

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. _____

P. O. Address _____

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 714

Primary Registration District No. 5943

Registrar's No.

1. PLACE OF DEATH:

(a) County Pulaski
(b) City or town Piney T. S.
(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

Francis Elizabeth Blake

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex 7

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

73

17

min.

9. Birthplace

(City, town, or county)

(State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant

(b) Address

17. (a)

(b) Date thereof

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a)

(Date received local registrar)

(b)

S. G. Koonce

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County
(c) City or town (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

20. DATE OF DEATH

Month Dec day 8
year 1940 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19

that I last saw him alive on 19

and that death occurred on the date and hour stated above.

Immediate cause of death

Duration

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

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?

While at work? (Specify type of place)

(e) Means of injury

23. Signature R. D. DeWitt (M. D. or other)

Address Waynesville Mo Date signed

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

SUPPLEMENTARY

