

No. 4-12-40 5-17-39 I X23159

APR 15 1941 DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH

12272

State File No.

Registration District No. 843

Primary Registration District No. 4513

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Stone

(b) City or town Galena, mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 25 yrs
years, months or days

3. (a) PRINT FULL NAME Henry F. Mc Blathin

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex m

5. Color or race wh

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

6. (b) Name of husband or wife Louisa Mc Blathin

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased March 15
(Month) (Day) (Year) 1876

8. AGE:

Years	Months	Days	If less than one day
<u>74</u>	<u>11</u>	<u>17</u>	hr. min.

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

10. Usual occupation Farmer

11. Industry or business no

MOTHER FATHER { 12. Name Miss Mc Blathin

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

14. Maiden name Nesley Simpson

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

16. (a) Informant Ellen Train

(b) Address Crane mo.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof Mar. 6 41
(Month) (Day) (Year)

(c) Place: burial or cremation burial - Galena mo

18. (a) Signature of funeral director Henrett & Cheatham

(b) Address Galena, mo.

19. (a) 3/6/41 (Date received local registrar)

(b) Nellie Trombley (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Stone 104

(c) City or town Galena mo.
(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. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5
year 1941 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan 1, 1940, to March 5, 1941;
that I last saw him alive on March 4, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiovascular Renal Crisis

Duration 10

Due to _____

Due to _____

Other conditions Chronic Emphysema
(Include pregnancy within 3 months of death) 2

Major findings: none

Of operations _____

Of autopsy none

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? 765
(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature H. L. Terry (M. D. or other) D

Address Crane mo. Date signed 3-5-41

RECEIVED

District Health Officer No. 8,

District File Number 441-591

Date Filed APR 9 1941

STATEMENT BY LICENSED EMBALMER

not

I hereby certify that the body whose name is recorded on the reverse side of this certificate was *not* embalmed by me, or by

Registered Apprentice No.

working under my personal supervision.

Signed

Everett J. Heathon

Licensed Embalmer No.

3870

P. O. Address

H. Alena, 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, fact should be so stated above.