

MAY 9 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14111

Registration District No. 714

Primary Registration District No. 594, 5170B

Registrar's No.

1. PLACE OF DEATH:

(a) County Camden
 (b) City or town Richland, Missouri, Rural
 (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 George Washington Blaylock3. (b) If veteran,
name war.3. (c) Social Security
No.4. Sex male 5. Color or
race white6. (a) Single, widowed, married,
divorced widower

6. (b) Name of husband or wife.

6. (c) Age of husband or wife if

7. Birth date of deceased February 2 1862
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
79 1 1 hr. min.9. Birthplace Marion County, Illinois
(City, town, or county) (State or foreign country)10. Usual occupation Farmer

11. Industry or business.

12. Name William Blaylock
 13. Birthplace Unknown (City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Herman Setser
 (b) Address Richland, Missouri
 17. (a) burial (b) Date thereof 3/6/41
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elm Grove

18. (a) Signature of funeral director W. J. S. S. S.
 (b) Address Richland, Missouri

19. (a) March 6/41 (b) W. J. S. S. S.
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Camden
 (c) City or town Richland, Rural
 (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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4
 year 1941 hour 11 minute M.

21. I hereby certify that I attended the deceased from
Feb-20 1941 to Mar-4 1941
 that I last saw him alive on 3-1- 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death
Paralysis left
side of Hemiplegia
 Due to Uremia
 Duration

Other conditions.
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations None
 Of autopsy no
 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) no
 (b) Date of occurrence
 (c) Where did injury occur? none (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 W. J. S. S. S. (M. D. or other)
 Address Richland, Mo Date signed 3-7-41

Mrs Mac Paul Murney Licensed Embalmer's Statement on Reverse Side)

832

RECEIVED
District Health Officer No. 7,
District _____
District File Number _____
Date Filed _____

RECEIVED
District Health Officer No. 7,
District File Number 4-41-757
Date Filed 5-5-41

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, fact should be so stated above.