

No. 2
1-4-41
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X24390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 21 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16196

Registration District No. 903 Primary Registration District No. 4545 Registrar's No.

1. PLACE OF DEATH:
(a) County. Worth
(b) City or town. Grant city
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution. 10 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State. mo (b) County. Worth 113
(c) City or town. Grant city
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME PEARL BLAKE
3. (b) If veteran, name war. 0 3. (c) Social Security No. 0

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 2
year 1941 hour 11:00 minute A M.
21. I hereby certify that I attended the deceased from 1934 19 to May 2 19 41
that I last saw her alive on April 28 19 41
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced. married
6. (b) Name of husband or wife. Louis Blake 6. (c) Age of husband or wife if alive 31 years (Month) 31 (Day) 1882 (Year)

Immediate cause of death Heart disease
without requirgation Duration 59x

8. AGE: Years 58 Months 11 Days 2 If less than one day hr. min.

Due to 1
Due to 1
Other conditions 1
(Include pregnancy within 3 months of death)

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

Major findings: 1
Of operations 1
Of autopsy no
PHYSICIAN 1
Underline the cause to which death should be charged statistically.

10. Usual occupation Housewife
11. Industry or business 0
12. Name Wilmington Meeker
13. Birthplace Unknown Ill. 1 (City, town, or county) (State or foreign country)

14. Maiden name Emma Cooper
15. Birthplace Unknown Ill. 1 (City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) 1
(b) Date of occurrence 1
(c) Where did injury occur? 1 (City or town) (County) (State)

16. (a) Informant Louis Blake
(b) Address Grant city, mo.
17. (a) Burial (b) Date thereof May 4, 1941 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Grant city, mo.
18. (a) Signature of funeral director Arch C. Duffell
(b) Address Grant city, mo.
19. (a) May 5, 1941 (b) Clifford Hase (Date received local registrar) (Registrar's signature)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 1
While at work? 1 (Specify type of place) (e) Means of injury 1
23. Signature 1 (M. D. or other) 1
Address Grant city, mo. Date signed 1

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

3
1
0

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

Arch C. Duffee

Licensed Embalmer No. *3252*

P. O. Address *Grant City, 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.