

S. No. 2
4-12-40
5-17-39
PI X23159

APR 20 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

17635

State File No. _____

Registration District No. 215

Primary Registration District No. 6295

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Craig City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution
Inside city limits
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole
(c) City or town Craig City
(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.

3. (a) PRINT FULL NAME Hiram Howard Blount

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

4. Sex Male 5. Color or race Wh 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna Blount 6. (c) Age of husband or wife if alive over 65 years
7. Birth date of deceased Sept 29 1858
(Month) (Day) (Year)

8. AGE: Years 86 Months 6 Days 13 If less than one day _____ hr. _____ min.

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

10. Usual occupation Minister

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Delia Caroline

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

16. (a) Informant C. C. Blount

(b) Address St. Louis Road - 2 C. Mo

17. (a) Burial (b) Date thereof April 22 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zelma, Mo.

18. (a) Signature of funeral director Jonas Lewis

(b) Address 700 Jefferson

19. (a) May 12 1941 (b) James R. Raitzel
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 21st
year 1941 hour _____ minute A M.

21. I hereby certify that I attended the deceased from Apr 15, 1941, to Apr 21st, 1941; that I last saw him alive on Apr 20, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic valvular heart disease
Duration 3 yrs

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? _____

While at work? _____ (Specify type of place) _____

(e) Means of injury _____

23. Signature H. J. G. [unclear] (M.D. or other) _____

Address Jefferson City Date signed 4-22-41

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

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 L. N. Anderson

Licensed Embalmer No. 3641

P. O. Address Jefferson City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.