

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17694

Registration District No. 266 Primary Registration District No. 4164 Registrar's No. 39

1. PLACE OF DEATH:
(a) County DeWitt
(b) City or town Salerno MO
(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 30 years (Specify whether years, months or days)
In this community 30 years

3. (a) PRINT FULL NAME Joseph A. Bly
(b) If veteran, name war _____ (c) Social Security No. _____

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased aug (Month) (Day) (Year) 1853

8. AGE: Years 87 Months 9 Days 23 If less than one day hr. _____ min. _____

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

10. Usual occupation Laborer

11. Industry or business _____

12. Name Dora Know

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

14. Maiden name Dora Know

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

16. (a) Informant Mary Laughlin - Co-Dir

(b) Address Salerno MO. S. S. E.

17. (a) Bury (Burial, cremation or removal) (b) Date thereof 5-31-1941 (Month) (Day) (Year)

(c) Place: burial or cremation Cedar Grove Cemetery

18. (a) Signature of funeral director Robert W. Smith

(b) Address Salerno MO

19. (a) 6-2-41 (Date received local registrar) (b) F. E. Smith (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County DeWitt
(c) City or town Salerno 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 May day 31 year 1941 hour 6:30 minute AM

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him alive on May 31 at 4 AM and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy

Due to Arteriosclerosis

Due to g2W

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) (Means of injury)

23. Signature F. E. Smith (M. D. or other)

Address Salerno MO Date signed 5/31/41

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

RF
RECEIVED
District Health Officer No. 5,
District File Number
District File Number 64-1172P
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 complete the above constitutes grounds for revocation of license.)

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