No. 2
1-4-41
17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 11 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

19437
State File No. ~~[illegible]~~

Registration District No. 40 Primary Registration District No. 4024 Registrar's No. 23

1. PLACE OF DEATH:
(a) County Barton
(b) City or town Lamar
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Barton 6
(c) City or town Lamar 1
(If outside city or town limits, write "RURAL") 1
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? D (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary Alice Blalock
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex 1 female
5. Color or race white
6. (a) Single, widowed, divorced widowed
6. (b) Name of husband or wife W.W.Blalock
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June 11th, 1862 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
78	11	15	hr. min.

9. Birthplace Nashville, Ill / (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name L.H.Evilsizer
13. Birthplace Virginia / (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Frances Burton
15. Birthplace Tenn. / (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Bessie Giddings
(b) Address Topeka, Kansas
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-28-41 (Month) (Day) (Year)
(c) Place: burial or cremation Lake Cemetery
18. (a) Signature of funeral director River Funeral Home
(b) Address Lamar, MO.
19. (a) May 27-1941 (Date received local registrar) Mrs Josephine Mynatt (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26th year 1941 hour 12 minute 40 P.M.
21. I hereby certify that I attended the deceased from May 10, 1941, 19..., to May 26, 1941, that I last saw her alive on May 14, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	4 weeks
Due to senile Dementia	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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? (Specify type of place)
While at work? No (e) Means of injury
23. Signature Leon T. Bickel (M. D. or other) M.D.
Address Lamar, Mo. Date signed May 27, 1941

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 641-901
Date Filed JUN 4 1941

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. 3141

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.