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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

21437

State File No.

FILLED JUL 10 1941

Registration District No. 197 Primary Registration District No. 5276 Registrar's No. 30

1. PLACE OF DEATH:
(a) County Clay
(b) City or town Gashland Village
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Route one 1
(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 Clay 24
(c) City or town Gashland 0
(If outside city or town limits, write "RURAL")
(d) Street No. Route one
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME PHILIP. E. BLAIN
3. (b) If veteran, name war none
3. (c) Social Security No. none
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 Mar. 18 - 1941 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
0	2	25	hr. min.

9. Birthplace Kansas City Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Child
11. Industry or business
FATHER
12. Name Walter Bob. Blain
13. Birthplace Missouri City Mo (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Genevieve Farris
15. Birthplace Kansas City Mo (City, town, or county) (State or foreign country)
16. (a) Informant Walter Bob Blain
(b) Address Route #1 - Gashland, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/3/41 (Month) (Day) (Year)
(c) Place: burial or cremation Independence Mo
18. (a) Signature of funeral director George C. Carson
(b) Address Independence Mo
19. (a) June 5-41 (Date received local registrar) (b) John S. Morton (Registrar's signature) H.S.P.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 3
year 1941 hour 6 minute a M.
21. I hereby certify that I attended the deceased from
, 19 , to , 19 ;
that I last saw him alive on , 19 ;
and that death occurred on the date and hour stated above.
Immediate cause of death Croup N.M.D.
Due to Coroner 2
Due to 105
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations Coroner
Of autopsy

Duration

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) Croup
(b) Date of occurrence June 3rd 1941
(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?
1. Home on farm
(Specify type of place)
While at work? (e) Means of injury
23. Signature R.W. Prather Coroner 3 (M. D. ~~or other~~)
Address Excelsior Springs, Mo Date signed 6-3-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 7-8-41

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 Floyd C Carson

Licensed Embalmer No. 4199

P. O. Address Independence,

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

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