

No. 2
-1-4-41
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 19 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27786
Registrar's No.

Registration District No. 83

Primary Registration District No. 4051

Registrar's No.

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town Faucett, 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. life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town Faucett, (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME James H. Blevins

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 December 23 1868
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>72</u>	<u>8</u>	<u>3</u>	hr. min.

9. Birthplace Buchanan County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Implement Dealer

11. Industry or business Blevins Implements

12. Name Daniel Blevins

13. Birthplace Buchanan County Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Martina Amy Scholiner

15. Birthplace Buchanan County Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant J. E. Blevins

(b) Address Faucett, Mo.

17. (a) burial (b) Date thereof 3/28/41
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Heaton-BeGole & Bowman

(b) Address St. Joseph, Mo.

19. (a) 8/27/41 (b) [Signature]
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 26
year 1941 hour 10 minute 53 P. M.

21. I hereby certify that I attended the deceased from July 25
1941, to Aug. 26 1941,
that I last saw him alive on Aug. 26
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Prostate glands

Duration 1 yr

Due to

Due to

Other conditions 51B
(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 E. B. McAdow (M. D. or other)

Address De Kalb Mo Date signed Aug 27 1941

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

1100

1100

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....L

8/27/41

Registered Apprentice No. ✓

working under my personal supervision.

Signed

Harold Bowman

Licensed Embalmer No. 3619

P. O. Address St Joseph, 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.