

FILED OCT 28 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

36421

State File No.

Registration District No. 903

Primary Registration District No. 4545

Registrar's No.

1. PLACE OF DEATH:

(a) County: North

(b) City or town: Grant City Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 66 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: North

(c) City or town: Grant 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: Jesse Allen Blake

3. (b) If veteran, name war: X

3. (c) Social Security No.: X

4. Sex: Male 5. Color or race: W

6. (a) Single, widowed, married, divorced: married

6. (b) Name of husband or wife: Alpha C Blake

6. (c) Age of husband or wife if alive: 68 years

7. Birth date of deceased: Dec 30 1865
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>75</u>	<u>7</u>	<u>18</u>	hr. min.

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

10. Usual occupation: Farmer

11. Industry or business:

MOTHER FATHER

12. Name: John J Blake

13. Birthplace: Rockville Ind.
(City, town, or county) (State or foreign country)

14. Maiden name: Chapity Boone

15. Birthplace: Rockville Ind.
(City, town, or county) (State or foreign country)

16. (a) Informant: Jesse Blake

(b) Address: Grant City

17. (a) Grant City (b) Date thereof: Aug 19 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Grant City

18. (a) Signature of funeral director: John Andrews

(b) Address: Grant City Mo

19. (a) Sept 16 1941 (b) Clifford Ross
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 18 day Aug
year 1941 hour 4:30 minute AM 'M.

21. I hereby certify that I attended the deceased from Aug 1 to Aug 17 1941
that I last saw h. alive on Aug 17 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: Sarcosina Stomach

Due to:

Due to:

Other conditions: A6
(Include pregnancy within 3 months of death)

Major findings: A6
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: John Andrews
Address: Grant City Date signed: Aug 18

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.....

John Andrews Jr....., 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 comply with the above constitutes grounds for revocation of license.)

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