

FILED FEB 20 1942

Registration District No. 43-7481

Primary Registration District No. 4290

Registrar's No. 9

1. PLACE OF DEATH:

(a) County LEWIS
 (b) City or town LEWISTOWN
 (c) Name of hospital or institution: 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 live
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County LEWIS
 (c) City or town LEWISTOWN
 (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 CHARLES M BLAKE

3. (b) If veteran, name war _____ 3. (c) Social Security No. old agent

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
 6. (b) Name of husband or wife Rena Blake 6. (c) Age of husband or wife if alive 64 years
 7. Birth date of deceased Nov 20 1864
 (Month) (Day) (Year)

8. AGE: Years 78 Months 2 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace Watauga Iowa
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Theodora Blake

12. Name _____

13. Birthplace New York N.Y.
 (City, town, or county) (State or foreign country)

14. Maiden name Lisa Whitehead

15. Birthplace Not known
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs E. Blake

(b) Address La Belle Mo

17. (a) Burial (b) Date thereof 1/28/41
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lewistown Mo

18. (a) Signature of funeral director James O. ...

(b) Address Lewistown Mo

19. (a) 1-30-42 (b) P. W. Jennings
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 26
 year 1942 hour 3 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from Dec 20
 1941, to Jan 26 1942
 that I last saw him alive on Jan 25 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiovascular Renal shock
 Duration _____

Due to _____

Due to _____

Other conditions Smoking
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____

Of autopsy 13/a

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 2

23. Signature Thomas M. Graham (M.D. or other) MD

Address La Belle Mo Date signed Jan 28

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

16
0
0

107

42

FEB 26 1942

RECEIVED

District Health Officer No. 10

District File Number 2-42-300

Date Filed FEB 19 1942

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 My

James A. Cadiz Jr., Registered Apprentice No. 298
working under my personal supervision.

Signed James A. Cadiz

Licensed Embalmer No. 2537

P. O. Address Lewiston, 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, above space should be left blank.