

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. FILED JUL 17 1942 Primary Registration District No. 5108 Registrar's No. 13

1. PLACE OF DEATH:  
(a) County Bollinger  
(b) City or town Rural Wayne Twp.  
(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 1 year (Specify whether years, months or days)  
In this community 1 year

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County Bollinger  
(c) City or town Rural  
(d) Street No. Near Zalma  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME David M. Blake  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month June day 30th  
year 1942n hour 4:00 minute 50 A. M.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

21. I hereby certify that I attended the deceased from June 28, 1942 to June 30, 1942  
that I last saw him alive on June 28, 1942  
and that death occurred on the date and hour stated above.

7. Birth date of deceased Oct. 18 1861  
(Month) (Day) (Year)

Immediate cause of death Chronic Myocarditis  
Duration \_\_\_\_\_

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>8</u>	<u>17</u>	hr. _____ min.

Due to Hardening of Arteries  
Due to old age

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

Other conditions 93d  
(Include pregnancy within 3 months of death)

10. Usual occupation Farmer

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_

12. Name Unknown

13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Joe Blanghton

(b) Address Zalma, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 30, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Berong Cem.

18. (a) Signature of funeral director Baker Funeral Home

(b) Address Lutesville, Mo.

19. (a) July 7, 1942 (Date received local registrar) (b) Mrs. Geneva Graham (Registrar's signature)

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) (c) Means of injury ✓

23. Signature [Signature] (M. D. or other) ✓  
Address [Address] Date signed \_\_\_\_\_

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

900

RECEIVED

District Health Officer No. 4  
District File Number 742-885  
Date Filed 7-18-42

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**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.....

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.**