S. No. 2
—9-4-41
. 5-17-39
PI X29484

28
0
0

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 17 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

24157

State File No.

Registration District No. 231 Primary Registration District No. 5315 Registrar's No.

1. PLACE OF DEATH:
(a) County: Crawford
(b) City or town: Cook Station
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: / Union Twp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community: 10 years

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County: 28
(c) City or town: 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Viola Blake
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Geo Blake
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: 10 (Month) – 28 (Day) 1881 (Year)
8. AGE: Years 60 Months 7 Days 10 If less than one day hr. min.
9. Birthplace: Pulaski County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business
MOTHER FATHER
12. Name: William M. Gorman
13. Birthplace: Pulaski Co (City, town, or county) Missouri (State or foreign country)
14. Maiden name: Mandrie Barney
15. Birthplace: Crawford Co (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: George Gorman
(b) Address: Cook Station
17. (a) (Burial, cremation, or removal) (b) Date thereof: 6-21-1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Mesco Cemetery
18. (a) Signature of funeral director: L. J. Jones
(b) Address: Steelville Mo
19. (a) 7-9-42 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 18th year 1942 hour minute 810 P.M.
21. I hereby certify that I attended the deceased from December 10, 1940 to June 18, 1942 that I last saw her alive on March 24, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Diabetes Mellitus	5 years.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Arteriosclerosis with hypertension and urinary suppression	
Major findings of operations	
Of autopsy	

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

23. Signature: F. E. Butler M.D. (M. D. or other)
Address: Salem Missouri Date signed 6-20-42

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

207 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5
District File Number 7425-07
Date Filed 8-10-42

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 Embalmed
..... Registered Apprentice No. .....
working under my personal supervision.

Signed .....
Licensed Embalmer No. 2628
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.