V. S. No. 2
DM—9-4-41
ev. 5-17-39
I X29484

72
0
0

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27744

FILED SEP 10 1942

Registration District No. 237 Primary Registration District No. 5820 Registrar's No. 25

1. PLACE OF DEATH:

(a) County New Madrid

(b) City or town Gideon - rural
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 72

(a) State Missouri (b) County New Madrid

(c) City or town Gideon - rural
(If outside city or town limits, write "RURAL")

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

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

If yes, name country 0

3. (a) PRINT FULL NAME no name

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

3. (c) Social Security No. .....

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife .....

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

7. Birth date of deceased August (Month) 12 (Day) 1942 (Year)

8. AGE: Years | Months | Days | If less than one day 14 hr. ..... min.

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

10. Usual occupation .....

11. Industry or business .....

FATHER
12. Name Melvin Blakeman
13. Birthplace Dunklin Co. (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Delphia Baker
15. Birthplace Wayne Co. (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Melvin Blakeman
(b) Address Gideon, Missouri

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Aug. 13, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Parkway cemetery, Malden

18. (a) Signature of funeral director Grover Jernigan
(b) Address Malden, Missouri

19. (a) 8-14-42 (Date received local registrar) (b) Zenda Macon (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 12 year 1942 hour 4 minute P.M.

21. I hereby certify that I attended the deceased from 12 ....., 1942 to 12, 1942 that I last saw h..... alive on ....., 19.... and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Premature Birth	
Due to Hydrops Amii	
Due to ✓	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations ?	
Of autopsy ✓	

159

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 Lyndon Carlton (M.D. or other) LC

Address Malden Date signed Aug 13/42

538

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 942-1163
Date Filed 9-8-42

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.....

....., 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.