

No. 2
9-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

29690

FILED OCT 14 1942

State File No.

Registration District No. 11

Primary Registration District No. 5041

Registrar's No. 59

1. PLACE OF DEATH:

(a) County Barry
(b) City or town Cassville Rural
(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 61 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Barry
(c) City or town Cassville Rural
(If outside city or town limits, write "RURAL")
(d) Street No. North of Cassville (If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country 0

3. (a) PRINT FULL NAME Minnie May Blalock

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex female 5. Color or race white 6. (a) Single, widowed, married divorced
6. (b) Name of husband or wife D. Blalock 6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased (Month) 1 (Day) 1881 (Year)

8. AGE: Years 61 Months 61 Days 8 If less than one day 8 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name J. M. Jackson
13. Birthplace Barry Mo (City, town, or county) (State or foreign country)
14. Maiden name Lucy Oaks
15. Birthplace Barry Mo (City, town, or county) (State or foreign country)

16. (a) Informant J. D. Blalock

(b) Address Cassville, Mo

17. (a) Rural (b) Date thereof 9-11-42 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sparks

18. (a) Signature of funeral director J. D. Blalock

(b) Address Cassville Mo

19. (a) Sept 14 - 1942 (Date received local registrar) grace williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 9 year 1942 hour 6 minute 00 A. M.

21. I hereby certify that I attended the deceased from March 5, 1940 to Sept. 9, 1942

that I last saw him alive on _____, 19____

and that death occurred on the date and hour stated above.

Immediate cause of death

Chronic myocarditis Duration 2 1/2 yrs

Due to _____

Due to _____

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

Major findings:

Of operations _____

Of autopsy _____

Duration

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 _____

23. Signature J. D. Blalock (M. D. or other) 2

Address Cassville Mo Date signed 9-11-42

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 1042-1483

Date Filed OCT 12 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.....
..... Registered Apprentice No.....
working under my personal supervision.

Signed.....

John E. Myers
.....
Licensed Embalmer No. 3820
P. O. Address Carroll, 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, fact should be so stated above.