

State File No. _____

Registration District No. 122

Primary Registration District No. 5454

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County. Green

(b) City or town. Rural South Pass
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Mo. (b) County. Greene

(c) City or town. Rural
(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 Mary L. Blades

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

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 11 year 1942 hour 11 minute 45 A.M.

4. Sex female 5. Color or race white

6. (a) Single, widowed, married, divorced 9

6. (b) Name of husband or wife Frank Blades 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased Jan 13 (Month) 1874 (Day) (Year)

21. I hereby certify that I attended the deceased from May 26, 1940, to Nov 10, 1942 that I last saw her alive on Nov 10, 1942, and that death occurred on the date and hour stated above.

8. AGE: Years 68 Months 9 Days 28 hr. _____ min _____

Immediate cause of death. Carcinoma of sigmoid unk

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

Due to _____

Due to _____

10. Usual occupation Housekeeper

Other conditions Chronic myocarditis (Include pregnancy within 3 months of death)

11. Industry or business _____

12. Name Jas Brackins

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

14. Maiden name Martha Ann Brackins

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

PHYSICIAN

Major findings: _____

Of operations H&E

Of autopsy _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Frank Blades

(b) Address Billings Mo. R. F. D.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 15 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Blades Chapel

(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? _____

18. (a) Signature of funeral director R. E. Thurman Uud. Co.

(b) Address Republic Mo.

(Specify type of place) _____ (e) Means of injury (7)

23. Signature Charles A. Spears (M. D. or other) MD

19. (a) 11-17-42 (Date received local registrar) (b) Gilience Britain (Registrar's signature)

Address Billings, Mo. Date signed 11-12-42

RECEIVED

Greene County Health Office,

County File Number 42-12-100

Date Filed 12/10/42

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.....

E. M. Thurman

Licensed Embalmer
Registered Apprentice No. 3687

working under my personal supervision.

Signed.....

R. E. Thurman

Licensed Embalmer No. 503

P. O. Address Republic, 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.