DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 14 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

37413
State File No.

Registration District No. 175 Primary Registration District No. 4275 Registrar's No. 153

1. PLACE OF DEATH:
(a) County: Lawrence
(b) City or town: Marionville
(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 years, months or days)
In this community: 21 years

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

3. (a) PRINT FULL NAME: Lily Lou Edna Blades
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: Married
6. (b) Name of husband or wife: Elige Blades
6. (c) Age of husband or wife if alive: 64 years
7. Birth date of deceased: August 26, 1880 (Month) (Day) (Year)

8. AGE: Years 62 Months 2 Days 18 If less than one day hr. min.

9. Birthplace: Richmond, Ind. (City, town, or county) (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
FATHER 12. Name: Preston Justice
13. Birthplace: Ind. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Mollie Button
15. Birthplace: 9 (City, town, or county) (State or foreign country)
16. (a) Informant: Elige Blades
(b) Address: Marionville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Nov. 15, 42 (Month) (Day) (Year)
(c) Place: burial or cremation: Marionville, Mo.
18. (a) Signature of funeral director: J. B. Bradford
(b) Address: Marionville, Mo.
19. (a) 11-15-42 (Date received local registrar) (b) Eunice Greene Reg. (Registrar's signature) Asst.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov 13 day year 1942 hour minute

21. I hereby certify that I attended the deceased from Nov. 13 1942 to Nov. 13 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Influenza	
Due to: Intersenilosis	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

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: W. M. Holmes (M. D. or other)
Address: Marionville Mo. Date signed 11-14-42

1154 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 6,
District File Number 1242-1747
Date Filed DEC 11 1942

JEWANETT M.

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 Herman Surridge

Licensed Embalmer No. 3072

P. O. Address Aurora 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.

No. 2B
8-21-41
X29288

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

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BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

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(a) County: Lawrence
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(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 years, months or days)
In this community

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

3. (a) PRINT FULL NAME: Lily Lou Edna Blader
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: m
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: Aug (Month) 26 (Day) 188[illegible] (Year)
8. AGE: Years 62 Months 2 Days 8 If less than one day hr. min.
9. Birthplace (City, town, or county) Ind (State or foreign country)
10. Usual occupation
11. Industry or business

MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov Day 3 year 1943 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Influenza	
Due to: Tuberculosis of lungs	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
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)
(b) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (c) Means of injury

23. Signature: W. M. Holmes (M.D. or other)
Address: Marionville Mo Date signed

SUPPLEMENTARY

13 P1