

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED DEC 10 1942 273

Registration District No. _____

Primary Registration District No. 3051

Registrar's No. 69

1. PLACE OF DEATH:

(a) County Perry

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

(c) Name of hospital or institution: 250 W. Ste. Maries
(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 "Life"
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Perry

(c) City or town Perryville
(If outside city or town limits, write "RURAL")

(d) Street No. 250 W. Ste. Maries
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME George Avery Blaylock

(b) If veteran, name war _____ (c) Social Security No. None

4. Sex Male 5. Color or Race White

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

6. (b) Name of husband or wife Minnie Carroll 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased Feb 11, 1879
(Month) (Day) (Year)

8. AGE: Years 63 Months 8 Days 28 If less than one day _____ hr. _____ min.

9. Birthplace Perry County (City, town, or county) (State or foreign country) D

10. Usual occupation Physician, M.D.

11. Industry or business _____

MOTHER FATHER { 12. Name James A. Blaylock

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

14. Maiden name Perryway Perry

15. Birthplace Perry County Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Geo. A. Blaylock

(b) Address Perryville Mo.

17. (a) Burial (b) Date thereof Mar 11, 1942
(Burial, cremation, or reinterment) (Month) (Day) (Year)

(c) Place: burial or cremation Home Cemetery Perryville Mo.

18. (a) Signature of funeral director Ben J. J. J. J.

(b) Address Perryville Mo.

19. (a) 11/10/42 (b) O. J. J. J.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 9th
year 1942 hour 8:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from 15 1942 to Nov 9 1942
that I last saw him alive on Nov 9 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of liver (primary)

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) H6K

Major findings: Of operations _____ Of autopsy _____

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 Oscar J. J. (M. D. or other) _____
Address Perryville Mo. Date signed 11-10-42

Duration _____
Underline the cause to which death should be charged statistically.

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

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79
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1110

RECEIVED

District Health Officer No. 3
District File Number 1242-1467
Date Filed 12-8-42

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

Le Roy J. Schindler

Licensed Embalmer No. 4175

P. O. Address Perryville, 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.