DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2050

FILED FEB 3 1943

Registration District No. 7 Primary Registration District No. 5333 Registrar's No.

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1. PLACE OF DEATH:
(a) County Dade
(b) City or town Lockwood (If outside city or town limits, write "RURAL" and name of township) Grant Twp
(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 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Dade 20
(c) City or town Lockwood (If outside city or town limits, write "RURAL") Rural 0
(d) Street No. Grant Township (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME (EDITH BLAIR

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 single

6. (b) Name of husband or wife

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

7. Birth date of deceased January (Month) 13 (Day) 1943 (Year)

8. AGE: Years | Months | Days | If less than one day 7 hr. min.

9. Birthplace Lockwood (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name Melvin Blair
13. Birthplace Dade Co. (City, town, or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name Ruth McCoy
15. Birthplace Dade Co. (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant's own signature H D McCoy
(b) Address Lockwood, Mo. R. 3

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 14, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Carmel Cem. Barton Co.

18. (a) Signature of funeral director E. A. Phillips
(b) Address Golden City Mo.

19. (a) Jan 16 43 (Date received local registrar) (b) Bernice M. Coine (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 13
year 43 hour 3 minute P M.

21. I hereby certify that I attended the deceased from 1-13-, 1943 to 1-13-, 1943
that I last saw her alive on 1-13-, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Premature birth	
Due to	
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 H. D. Combs (M. D. or other)
Address Lockwood Mo Date signed 1-14-43

Rev. 5-17-39 1 x 19311

1 C x 3

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 243-134
Date Filed [illegible] 1943

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, above space should be left blank.