

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 15 1943

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

13917

State File No. _____

Registration District No. 50

Primary Registration District No. 4071

Registrar's No. 18

1. PLACE OF DEATH:

(a) County Camden
(b) City or town Camdenton
(c) Name of hospital or institution: JC Blair home
(If outside city or town limits, write "RURAL" and name of township)
(d) Length of stay: 2 months (Specify whether
In this community 2 months years, months or days)

3. (a) PRINT FULL NAME Susan black 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, 2 divorced, widowed

6. (b) Name of husband or wife EW Blair 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 3 1896
(Month) (Day) (Year)

8. AGE: Years 73 Months 11 Days 27 If less than one day _____ hr. _____ min.

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

10. Usual occupation housewife

11. Industry or business _____

12. Name Jan black

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

14. Maiden name Eleanor Rice

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

16. (a) Informant EW Blair

(b) Address Waverlyville mo

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

(c) Place: burial or cremation Yocum Cem, Reeds Springs

18. (a) Signature of funeral director Banksen-Woodley

(b) Address Camdenton, mo

19. (a) Apr 15 43 (b) Garth Nelson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stone 104
(c) City or town Reeds Springs 1
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? life (Yes or No)
If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30
year 1943 hour 2 minute A M.

21. I hereby certify that I attended the deceased from February 30, 1943, to March 30, 1943, that I last saw her alive on March 30, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Mitral insufficiency & heart Duration _____

Due to _____

Due to _____

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy No autopsy

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

(a) Accident, suicide, or homicide (specify) none

(b) Date of occurrence no

(c) Where did injury occur? no
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? no

While at work? no (Specify type of place) (e) Means of injury no injury

23. Signature Dr G D Luebker (M. D. or other) MD

Address Camdenton, Mo Date signed 4/9/43

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

RECEIVED

District Health Officer No. 71

District File Number 4-43-442

Date Filed 5-12-43

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.....

Abbie Benson Woolery

Licensed Embalmer No.

2488

P. O. Address.....

Camdenton 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.