S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15033

FILED MAY 12 1943

Registration District No. 255 Primary Registration District No. 5877 Registrar's No. 59

75
0
0

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

1. PLACE OF DEATH:

(a) County Oregon

(b) City or town Alton Piney Twsp.
(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 65 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 75

(a) State Missouri (b) County Oregon 0

(c) City or town Alton (Rural) 0
(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 0

3. (a) PRINT FULL NAME John Henry Blain

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

3. (c) Social Security No. --

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Ella Barton

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

7. Birth date of deceased October (Month) 27 (Day) 1870 (Year)

8. AGE:

Years	Months	Days	If less than one day
72	5	3	hr. min.

9. Birthplace Cedar County (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Robert B. Blain
13. Birthplace (City, town, or county) Unknown 9 (State or foreign country)

MOTHER
14. Maiden name ? Calma
15. Birthplace (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant Nona Ledbetter
(b) Address Alton, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/1/43 (Month) (Day) (Year)
(c) Place: burial or cremation Cave Springs

18. (a) Signature of funeral director Leo Carr
(b) Address Thayer, Mo.

19. (a) 4/10 1943 (Date received local registrar) (b) Henry M. Williams (Registrar's signature)

1113

MEDICAL CERTIFICATION

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

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Gunshot wound in head	
Due to Self-inflicted	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

164c

Major findings:
Of operations
Of autopsy Gu shot wound self-inflicted

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) Suicide

(b) Date of occurrence March 30, 1943

(c) Where did injury occur? near Alton (City or town) Oregon (County) Missouri (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
At farm home of deceased
(Specify type of place)
While at work? (e) Means of injury 2

23. Signature Leo Carr Coroner (M.D. or other)
Address Thayer, Mo. Date signed 3/30/43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 243312
Date Filed 5-10-43

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.....

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, fact should be so stated above.

?B
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.29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.....

Registration District No. 25J- Primary Registration District No. 8877 Registrar's No. 59

1. PLACE OF DEATH:

(a) County Oregon

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

(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 John Henry Blair

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced W

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

7. Birth date of deceased Oct (Month) 27 (Day) 1890 (Year)

8. AGE: Years 72 Months 0 Days 3 If less than one day ..... hr. ..... min.

9. Birthplace Mo. (City, town, or county) (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 March Day 20 year 1943 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19....., 19.....; that I last saw him alive on ..... 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death.....	Duration
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..... (M. D. or other).....

Address..... Date signed.....

SUPPLEMENTARY

S-15033