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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

21213

FILED JUN 24 1943  
Registration District No. 92

Primary Registration District No. 4153

State File No.

Registrar's No.

1. PLACE OF DEATH:  
(a) County Dade  
(b) City or town Lockwood  
(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 twenty three years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Lula May Blevins  
3. (b) If veteran, name war / 3. (c) Social Security No. /

4. Sex Fe 5. Color or race white 6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife E.T. Blevins 6. (c) Age of husband or wife if alive / years  
7. Birth date of deceased Feb. 21, 1874 (Month) (Day) (Year)

8. AGE: Years 68 Months 3 Days - If less than one day hr. / min.

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

10. Usual occupation keeping house for her family

11. Industry or business /  
12. Name Andrew Buchanon  
13. Birthplace Ky. (City, town, or county) (State or foreign country)  
14. Maiden name Clara Carmon  
15. Birthplace Ky. (City, town, or county) (State or foreign country)

16. (a) Informant Clara Blevins  
(b) Address Lockwood, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof May 25, 1943 (Month) (Day) (Year)

(c) Place: burial or cremation St. Carrs' Chapel

18. (a) Signature of funeral director Ray Caldwell  
(b) Address Lockwood, Mo.

19. (a) 5/24/1943 (b) Richard M. Carver (Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day 21 year 1943 hour 8 minute 45 AM M.

21. I hereby certify that I attended the deceased from May 11, 1940, to May 21, 1943  
that I last saw h. alive on May 20, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardium  
Diabetes

Due to /

Due to 61

Other conditions (Include pregnancy within 3 months of death) /  
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 James P. Wren (M. D. or other) /  
Address Lockwood, Mo. Date signed 5-24-43

RECEIVED

District Health Officer No. 6,

District File Number 643-718

Date Filed JUN 22 1943

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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.....

working under my personal supervision.

Registered Apprentice No. ....

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.