

FILED AUG 12 1948

State File No. \_\_\_\_\_

Registration District No. 226

Primary Registration District No. 5799

Registrar's No. 35

1. PLACE OF DEATH:

(a) County MONROE

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

(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 1 Mo. - 24 DA.  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County MONROE

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

(d) Street No. 2 MI. N.W. OF HOLLIDAY  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME NEAL RAY BLADES

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 SINGLE

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

7. Birth date of deceased MAY 28, 1943  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
1 24 hr. min.

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

10. Usual occupation NONE

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name RAY ~~BLADES~~ BLADES

13. Birthplace MONROE CO., MO  
(City, town, or county) (State or foreign country)

14. Maiden name LUCILLE FISHER

15. Birthplace MONROE CO., MO. A  
(City, town, or county) (State or foreign country)

16. (a) Informant Ray Blades

(b) Address R.F.D. HOLLIDAY, MO.

17. (a) BURIAL (b) Date thereof JULY 22, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation HOLLIDAY, MO.

18. (a) Signature of funeral director Speed Blakely

(b) Address PARIS, MO.

19. (a) July-23-48 (b) Otis Hedberg  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 22  
year 1943 hour 12 minute 45 A. M.

21. I hereby certify that I attended the deceased from May 28  
1943 to July 22 1943  
that I last saw h. i. alive on July 22 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Congenital Heart Disease  
(patent foramen ovale) 54 Days

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy None

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature J. A. Barnett (M. D. or other) \_\_\_\_\_

Address PARIS, MO. Date signed 7-22-48

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

RECEIVED

District Health Officer No. 10

District File Number 8-43-1370

Date Filed AUG 11 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..... J. B. Blakey  
Licensed Embalmer No. 7414  
P. O. Address..... Paris, Missouri.

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.