S. No. 2
M—5-42
5-17-39
I X32873
89
0
0

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 12 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25875

Registration District No. 297 Primary Registration District No. 6022 Registrar's No. 48

1. PLACE OF DEATH:

(a) County Ray

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

(c) Name of hospital or institution: / Richmond Twp
(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: 89

(a) State Missouri (b) County Ray 0

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. R. F. D. # 2, Richmond
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Kittie Francis Blain

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

4. Sex Fe | 5. Color or race / W | 6. (a) Single, widowed, married, divorced / Mar

6. (b) Name of husband or wife Wm. M. Blain 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased January (Month) 9 (Day) 1879 (Year)

8. AGE:

Years	Months	Days	If less than one day
64	6	23	..... hr. ..... min.

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

10. Usual occupation housewife

11. Industry or business .....

FATHER
12. Name Kitt Trigg
13. Birthplace Ray (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Julia Joiner
15. Birthplace Ray (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant Wm. M. Blain
(b) Address Richmond, Mo. R. F. D. #2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 2, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Dockery

18. (a) Signature of funeral director E. Thurman
(b) Address Richmond, Mo.

19. (a) Aug 1 43 (Date received local registrar) (b) Mrs Chas W Shepard (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 1
year 1943 hour 12:26 minute A M.

21. I hereby certify that I attended the deceased from June, 1941 to Aug 1, 1943
that I last saw her alive on Aug 1, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis	2 wks.
Due to Cerebral Hemorrhage	11 mos.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

93e-1

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 0

23. Signature G W Gaines M.D. (M. D. or other) M.D.
Address Richmond, Mo. Date signed 8.2.43

1280 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number.....

Date Filed 8-11-43

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, ~~xxxx~~ ....., Registered Apprentice No. ....., working under my personal supervision.

Signed E. Thurman

Licensed Embalmer No. 2073

P. O. Address Richmond 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.