

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35315

State File No.

NOV 8 1943
Registration District No. 227

Primary Registration District No. 58044339

Registrar's No. 125

1. PLACE OF DEATH:

(a) County Monroe
(b) City or town PARIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
MAIN ST. R. R. CROSSING
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7
In this community 15 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monroe 069
(c) City or town 8 Mi. So. PARIS (RURAL)
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME CARL BLACKBAY

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 Single
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased May 10 1928
(Month) (Day) (Year)

8. AGE: Years 15 Months 4 Days 28 If less than one day hr. min.

9. Birthplace Monroe Co. Mo. 4
(City, town, or county) (State or foreign country)

10. Usual occupation School Boy

11. Industry or business In school

12. Name EMMOTT BLACKBAY

13. Birthplace Monroe Co. Mo. 4
(City, town, or county) (State or foreign country)

14. Maiden name Anna Lee King

15. Birthplace Monroe Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Emmitt Blackbay
(b) Address PARIS, Mo.

17. (a) BURIAL (b) Date thereof Oct. 11 - 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Holiday, Mo.
18. (a) Signature of funeral director Speed + Tolson
(b) Address Paris, Mo.

19. (a) Oct. 10 - 1943 (b) Wayne Toston
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 8
year 1943 hour 10 minute 30 P. 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.

Immediate cause of death fracture of skull

Due to
Due to

Other conditions (Include pregnancy within 3 months of death) 170 lb

Major findings: Of operations
Of autopsy

Duration
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) accident

(b) Date of occurrence Oct 8, 1943

(c) Where did injury occur? Paris Monroe Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Railroad Crossing
While at work? no (Specify type of place) (e) Means of injury ✓

23. Signature W. P. Turner
Address Madison Mo Date signed 10-12-43

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

RECEIVED
District Health Officer No. 10
District File Number 11-43-1765
Date Filed NOV 5 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. H. Blakely
Licensed Embalmer No. 20616
P. O. Address Louis, 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.