

Carmel

2685

State File No.

FILED JAN 19 1944

Registration District No. 105

Primary Registration District No. 5423

Registrar's No.

1. PLACE OF DEATH:

(a) County DUNKLIN
(b) City or town RURAL - SALEM 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 20 yrs.
In this community 20 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County DUNKLIN
(c) City or town RURAL
(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 U

3. (a) PRINT FULL NAME JOE MARION BLOCKER

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 MARRIED
6. (b) Name of husband or wife LIZZIE BLOCKER 6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased APRIL 1 1879
(Month) (Day) (Year)

8. AGE: Years 64 Months 7 Days 2 If less than one day hr. min.

9. Birthplace STODDARD COUNTY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business FARMING

12. Name FRANCIS MARION BLOCKER

13. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

14. Maiden name SUSIE WILKERSON

15. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant Edgar Blocker
(b) Address Wright Mo. Pa 1

17. (a) BURIAL (b) Date thereof 11/5/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SENATH, Mo.

18. (a) Signature of funeral director W. W. Newme

(b) Address LEACHVILLE, ARK.

19. (a) 11-10-43 (b) W. A. G. Moore
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 3
year 1943 hour 4 minute 0 M.

21. I hereby certify that I attended the deceased from untended by a Physician
that I last saw him alive on 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myo Cardial Failure
Due to over exertion
Had run a Hog about 30
Due minutes

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 930
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?
..... (Specify type of place)

While at work? 9 Means of injury 9
23. Signature George J. Edmond (M. D. or other)
Address County of Dunklin Mo Date signed 11-8-43

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

35
00

MOTHER FATHER

RECEIVED

District Health Office No. 2,

District File Number 144-164

Date Filed 1-18-44

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..... W. H. Howard

Licensed Embalmer No. 3959

P. O. Address Leachville, Ark

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.