

FILED MAY 8 1944

Registration District No. 290

Primary Registration District No. 4427

State File No. _____

Registrar's No. 36

1. PLACE OF DEATH:

(a) County Tulaski
(b) City or town Waynesville
(If outside city or town limits, write "RURAL" and name of township)
(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 _____ (Specify whether)
In this community _____ years, months or days 70 yrs

3. (a) PRINT
FULL NAME

Mary Ugella Blue
3. (b) If veteran, _____ 3. (c) Social Security
name war _____ No. _____

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married
divorced
6. (b) Name of husband or wife David Blue 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased July 6 1868
(Month) (Day) (Year)

8. AGE: Years 75 Months 9 Days 6 If less than one day
hr. _____ min. _____

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

10. Usual occupation House wife

11. Industry or business _____

12. Name John Richard Duncan
Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name Ede Irene Nicklas15. Birthplace Mo. (City, town, or county) (State or foreign country)16. (a) Informant Pearl Misler

(b) Address _____

17. (a) Burial (b) Date thereof Apr 15 1944
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Newburg Mo18. (a) Signature of funeral director Lee Johnson(b) Address Newburg Mo19. (a) April 15 1944 (b) John M. Scott
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County 85
(c) City or town _____ (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day April
year 1944 hour 2 minute 10 am.

21. I hereby certify that I attended the deceased from March 15, 1941, to April 12, 1944
that I last saw her alive on April 5, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy
Duration two years

Due to HypertensionDue to StrokeOther conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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)
Means of injury _____

23. Signature R. O. Dewitt (M.D. or other) MD
Address Waynesville Mo Date signed 4-12-44

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

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

May
36

Registration District No. 290

Primary Registration District No. 4427

Registrar's No.

1. PLACE OF DEATH:

- (a) County Pulaski
(b) City or town Waynesville
(If outside city or town limits, write "RURAL" and name of township)
(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 (Specify whether

In this community
years, months or days)3. (a) PRINT
FULL NAMEMary Uzella Blue

3. (b) If veteran,
-
- name war

3. (c) Social Security
-
- No.

4. Sex

F5. Color or
race W

6. (a) Single, widowed, married,
-
- divorced
- W

6. (b) Name of husband or wife

6. (c) Age of husband or wife if
-
- alive

7. Birth date of deceased

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

759Mo.

min.

9. Birthplace

(City, town, or county)

(State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant

- (b) Address

17. (a) (Burial, cremation, or removal)

- (b) Date thereof

(Month) (Day) (Year)

- (c) Place: burial or cremation

18. (a) Signature of funeral director

- (b) Address

19. (a) (Date received local registrar)

- (b)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County Pulaski
(c) City or town Waynesville 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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month
- 12
- day
- 12
-
- year
- 1944
- hour
- 1
- minute
- 15
- M.

21. I hereby certify that I attended the deceased from
-
- to 19____; that I last saw him alive on 19____;
-
- and that death occurred on the date and hour stated above.
-
- Immediate cause of death

Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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) (c) Means of injury

23. Signature (M. D. or other)

Address Date signed

SUPPLEMENTARY

16637.