

S. No. 2
M-9-4-41
v. 5-17-39
FBI X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

18869

State File No.

FILED JUN 7 1944
Registration District No. 275

Primary Registration District No. 4409

Registrar's No. 2-4-10

1. PLACE OF DEATH:
(a) County Phelps
(b) City or town Newburg
(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
In this community Life years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
Mo. Phelps
(a) State (b) County 81
(c) City or town Newburg
(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

3. (a) PRINT FULL NAME: Joseph H Blue
(b) If veteran, name war
(c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Apr day 15
year 1944 hour 10 minute P. M.
21. I hereby certify that I attended the deceased from April 13
1944 to April 15th 1944
that I last saw him alive on April 13, 1944
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced, widowed
(b) Name of husband or wife
(c) Age of husband or wife if alive years
7. Birth date of deceased Dec 7 1856
(Month) (Day) (Year)

Immediate cause of death: Cardiac failure, manifest
Due to: Atherosclerosis 10 yrs.
Due to: Hypertension
Other conditions: f 3a
Major findings: Of operations
Of autopsy

8. AGE: Years 87 Months 4 Days 8
If less than one day hr. min.
9. Birthplace Mo. 1
(City, town, or county) (State or foreign country)
10. Usual occupation Miller

MOTHER FATHER
11. Industry or business
12. Name Barnabus Blue
13. Birthplace Ill 1
(City, town, or county) (State or foreign country)
14. Maiden name Donner
15. Birthplace Ill 1
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Bennett Blue
(b) Address Newburg, Mo.
17. (a) Burial (b) Date thereof Apr 17 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Newburg Mo
18. (a) Signature of funeral director
(b) Address Newburg Mo
19. (a) 4/16/44 (b) [Signature] (c) [Signature]
(Date received local registrar) (Date) (Registrar's signature)

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 injury)
23. Signature: [Signature] (M.D. or other)
Address: Newburg, Mo Date signed: April 15 1944

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

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

Lee Johnson

Licensed Embalmer No.

3392

P. O. Address

Newburg Me

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.