S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 2 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10275

Registration District No. 245 Primary Registration District No. 3047 Registrar's No. 28

1. PLACE OF DEATH:
(a) County Missouri Newton
(b) City or town N. Eosho
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1102 So. Hearrell St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Newton 13
(c) City or town Neosho 3
(If outside city or town limits, write "RURAL")
(d) Street No. 1102 So. Hearrell St. 3
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Bishop Russell Blake
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male 1
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 1 (Day) 1860 (Year)

8. AGE:

Years	Months	Days	If less than one day
84	11	16	hr. min.

9. Birthplace Boston (City, town, or county) Mass. (State or foreign country)
10. Usual occupation Retired
11. Industry or business Farmer
MOTHER FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Earl Blake
(b) Address Salina Kansas
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-20-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Gibson Cemetery
18. (a) Signature of funeral director Corley Thompson
(b) Address Neosho Mo.
19. (a) 3-18-1945 (Date received local registrar) (b) Corley Thompson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17 year 1945 hour 4 minute P. M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on March 17 1945; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Chronic Interstitial Nephritis
Due to Natural Causes.
Due to No doctor in attendance for more than a year.
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 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 3

23. Signature Corley Thompson Coroner (M. D. or other)
Address Neosho Mo Date signed 3/18/45

1110

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED MAR 28 1945

District Health Officer No.....

District File Number 345-46

Date Filed MAR 28 1945

Signed Cosley Thompson

Licensed Embalmer No. 3259

P. O. Address Neosho 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.