

1. PLACE OF DEATH:

(a) County Perry
(b) City or town Perryville Mo.
(If outside city or town limits, write "RURAL" and name of 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: 71-0-15
In this community 71-0-15
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry
(c) City or town Perryville Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME Rosa C. Blaylock

3. (b) If veteran, name war: 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ferd Blaylock 6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased February 24 1874
(Month) (Day) (Year)

8. AGE: Years 71 Months 0 Days 15 If less than one day
hr. min.

9. Birthplace Perry Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business

MOTHER FATHER { 12. Name John S. Blaylock
13. Birthplace Perry Co. Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Gillaron Bollinger
15. Birthplace Bollinger Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Ferd Blaylock
(b) Address Perryville Mo.

17. (a) Burial (b) Date thereof 3-11-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Pleasant Cem Perry Co.

18. (a) Signature of funeral director Young's Sons

(b) Address Perryville Mo.

19. (a) 3/10/45 (b) Thos J. Oeder
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9
year 1945 hour 8 minute 55 A.M.

21. I hereby certify that I attended the deceased from Jan 8th
1945, to Mar 9, 1945
that I last saw her alive on Mar 8, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death
Carcinoma of
liver
Due to no history

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 466
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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work?

23. Signature O J Miller (M. D. or other) md
Address Perryville Mo. Date signed 3/10/45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 4
District File Number 445-497
Date Filed 4-11-45

MAY 19 1945

APR 17 1945

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 Quail Young
- - Licensed Embalmer No. 2138
P. O. Address Perryville 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.