S. No. 2
M—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 25 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18467

Registration District No. 366 Primary Registration District No. 4536 Registrar's No. 25

1. PLACE OF DEATH:
(a) County WASHINGTON
(b) City or town POTOSI
(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 (Specify whether
In this community 55 - 6 - 16
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County WASHINGTON
(c) City or town POTOSI 110
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location) 0
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME HEARST B. BLOUNT

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife LILLIAN BLOUNT
6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased SEPT (Month) 22 (Day) 1889 (Year)

8. AGE: Years 55 Months 6 Days 16 If less than one day hr. min.

9. Birthplace PALMER (City, town, or county) MO (State or foreign country)
10. Usual occupation RETIRED DENTIST
11. Industry or business
FATHER
12. Name THOMPSON T. BLOUNT
13. Birthplace PALMER (City, town, or county) MO (State or foreign country)
MOTHER
14. Maiden name JOSEPHINE IDSON
15. Birthplace BELLEVIEW (City, town, or county) MO (State or foreign country)
16. (a) Informant EUNICE SIMPSON
(b) Address POTOSI MO.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 4-10 45 (Month) (Day) (Year)
(c) Place: burial or cremation POTOSI MO
18. (a) Signature of funeral director BOYER FUNERAL HOME
(b) Address POTOSI MO
19. (a) 5-5-45 (Date received local registrar) (b) Jos. L. Thurman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 8
year 1945 hour 1 minute 15 A.M.
21. I hereby certify that I attended the deceased from
, 19 , to May 7, 1945
that I last saw him alive on May 8, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Due Right heart
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

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?
23. Signature G. F. Tunwell (M.D. or other) 5/19/45
Address Potosi Mo Date signed

806 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 545-64

Date Filed 5-25-45

JUN 6 1946

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 C. H. Boyd

Licensed Embalmer No. 4158

P. O. Address Potosi 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.