

FILED JUL 18 1945 STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 169

Primary Registration District No. 4258

Registrar's No. 272

1. PLACE OF DEATH:

(a) County Edina
(b) City or town Knox County Missouri
(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. years, months or days)

3. (a) PRINT FULL NAME Rena Blake

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Charles B. Blake 6. (c) Age of husband or wife if alive. years
7. Birth date of deceased October 29 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 6 24 hr. min.

9. Birthplace Lewis County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business.

12. Name Taylor S. Young
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Justus
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Justin E. Blake
(b) Address Edina Missouri

17. (a) Burial (b) Date thereof May 26, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lewistown, Missouri

18. (a) Signature of funeral director James E. Blake
(b) Address Lewistown, Missouri

19. (a) May 25-45 (b) Nelle Northcutt
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis
(c) City or town Lewistown
(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 May day 26 year 1945 hour 6 minute 4 A. M.

21. I hereby certify that I attended the deceased from April 1st, 1945 to May 25, 1945
that I last saw her alive on May 24, 1945
and that death occurred on the date and hour stated above.
Immediate cause of death Hypertension of R. Vent
Duration 2 wk 6

Due to Endarteritis

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 statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) u
(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 Dr. S. L. Luman (M. D. or other)
Address Edina Mo Date signed May 26, 1945

RECEIVED

District Health Officer No. 10

District File Number 7-45-1193

Date Filed JUL 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 myself
....., Registered Apprentice No.
working under my personal supervision.

Signed James A. Corder
Licensed Embalmer No. 2537
P. O. Address Lewistown 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.