

FILED OCT 8 1945

State File No.

Registration District No. 290

Primary Registration District No. 5983

Registrar's No. 845

1. PLACE OF DEATH:

(a) County Pulaski Co.
(b) City or town Waynesville Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Waynesville General Hospital
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution 7 hours
(Specify whether years, months or days)
In this community 7 hours

3. (a) PRINT FULL NAME

Elba Blake

3. (b) If veteran, name war.

3. (c) Social Security No.

4. Sex Female 5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Jessie Blake 6. (c) Age of husband or wife if alive 25 years
7. Birth date of deceased July 19 1921
(Month) (Day) (Year)

8. AGE: Years 24 Months 7 Days 28 If less than one day min.

9. Birthplace Granish City Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name William Payne
13. Birthplace Waynesville Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Mary Thompson
15. Birthplace Waynesville Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Jessie Blake

(b) Address Waynesville Mo.

17. (a) Buried (b) Date thereof 9/23-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Lawn Cemetery

18. (a) Signature of funeral director R. B. Zuper

(b) Address Waynesville Mo.

19. (a) Oct 1-1945 (b) John M. O'Leary
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 21 sh h
year 1945 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death 3rd Degree Burn Duration

Due to Explosion of Stove

Due to Breathing fire with
Kerosene

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy no 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) Accident 8.5

(b) Date of occurrence Sept 21 sh 1945

(c) Where did injury occur? Waynesville Pulaski Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
in home (Specify type of place)

While at work? yes (c) Means of injury Burn

23. Signature R. B. Zuper 3 Conner

Address Waynesville Mo Date signed 9/21/45

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.....

Licensed Embalmer No.....

P. O. Address.....

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.