

31245

State File No. \_\_\_\_\_

FILED OCT 8 1945

Registration District No. 290

Primary Registration District No. 5983

Registrar's No. P5-

1. PLACE OF DEATH:

(a) County Pulaski  
 (b) City or town Waynesville Mo  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution 1. Cullen  
 (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

Rolph Owen Blake

(b) If veteran, name war \_\_\_\_\_

(c) Social Security No. \_\_\_\_\_

4. Sex M  
 5. Color or race W

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

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Sept 10 1945  
 (Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days 11 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Waynesville Mo - Ror 1  
 (City, town, or country) (State or foreign country)

10. Usual occupation Infant

11. Industry or business \_\_\_\_\_

12. Name Jessie Blake

13. Birthplace Lad. Ind Co.  
 (City, town, or country) (State or foreign country)

14. Maiden name Ellen Payne

15. Birthplace Bloodland Mo  
 (City, town, or country) (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 Hill Cemetery

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

(b) Address Bloodland Mo

19. (a) Oct 1 - 1945 (b) Chas M. Ford  
 (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. Ror 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 year 1945 hour 9 minute 30 a.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 Burns Duration \_\_\_\_\_

Due to Explosion of Stove

Due to Mother Starting 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) Accidental 85  
 (b) Date of occurrence Sept 21 - 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? At home

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury Burns

23. Signature R B Zepher 3 (Char. or other)  
 Address Waynesville Mo Date signed 9/23/45

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

1170

**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.**