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

594

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 15 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 2648

Registration District No. 120 Primary Registration District No. 5447 Registrar's No. 17

1. PLACE OF DEATH:

(a) County Gentry

(b) City or town Albany Rural Howard Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Eleven Mile NE of Albany
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community 10 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gentry

(c) City or town Albany Rural Howard
(If outside city or town limits, write "RURAL")

(d) Street No. 11 Mile NE of Albany
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME William Cloyd Blessing

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Pauline Blessing

6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased June (Month) 14 (Day) 1909 (Year)

8. AGE: Years 36 Months 4 Days 25 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER

12. Name Leroy Blessing

13. Birthplace Harrison County (City, town, or county) Missouri (State or foreign country)

14. Maiden name Sada McCoy

15. Birthplace Harrison County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Pauline Blessing

(b) Address Albany MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 11 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Logan Star Cemetery

18. (a) Signature of funeral director W F Noble

(b) Address Newtonhampton MO

19. Feb 4-1946 (Date received by Registrar) (b) Forney N. Tilpetson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 9 year 1946 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h... alive on ....., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion — Duration

Due to

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)

(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 Charles A Williams MD Coroner (Dr. Drce other)

Address Gentry Mo Date signed 1-24-46

163 (Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed W G Noble

Licensed Embalmer No. 2904

P. O. Address New Hampton 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.