

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED JUN 10 1946**  
STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 34

Registration District No. 150 Primary Registration District No. 3018

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

1. PLACE OF DEATH:

(a) County Dent

(b) City or town Salem  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None  
(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 \_\_\_\_\_ (Specify whether years, months or days)

3. (a) PRINT FULL NAME William J. Blake

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 Widowed

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

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

7. Birth date of deceased September 1, 1875  
(Month) (Day) (Year)

8. AGE: Years 70 Months 8 Days 0

If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Farmer

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

MOTHER FATHER

12. Name George Blake

13. Birthplace No record  
(City, town, or county) (State or foreign country)

14. Maiden name Elian Medley

15. Birthplace No record  
(City, town, or county) (State or foreign country)

16. (a) Informant Lawrence Blake

(b) Address Salem, Missouri

17. (a) Burial (b) Date thereof 5/3/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Medley Cemetery

18. (a) Signature of funeral director Carl K. Spencer

(b) Address Salem, Missouri

19. (a) 5-2-46 (b) Dr. Dr. Earl H. D. by M.G.  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dent

(c) City or town Salem  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

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

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1 year 1946 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 4-21-46 to 5-1-46, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_; that I last saw him alive on 4-21-46, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death Central sclerosis

Due to arteriosclerosis

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN

Duration ?

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature John H. D. D.O. (M. D. or other) D.O.

Address Salem, Mo. Date signed 5-2-46

RECEIVED

District Health Officer No. 5,

District File Number 646378

Date Filed 6-6-46

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 Wm. W. McDonald

Licensed Embalmer No. 3806

P. O. Address Salem, Me.

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.