

FILED AUG 12 1946

Registration District No. 341

Primary Registration District No. 3075

Registrar's No. 24

1. PLACE OF DEATH:

(a) County Stoddard
(b) City or town Dexter
(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 46 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard
(c) City or town Dexter
(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 _____

3. (a) PRINT FULL NAME James Elic Blagg

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married. 2 divorced Widowed

6. (b) Name of husband or wife Mildred Lucretia Blagg 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: June 5 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 1 13 _____ hr. _____ min.

9. Birthplace: Carmi Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Retired farmer

11. Industry or business _____

12. Name William Blagg

13. Birthplace Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Albert Anderson

(b) Address Dexter, Missouri

17. (a) Burial (b) Date thereof 7-21-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stevenson Cemetery

18. (a) Signature of funeral director Strickland-Rainey

(b) Address Dexter, Missouri

19. (a) 7/29-46 (b) Margaret Pruitt
(Date received by local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18
year 1946 hour 5 minute 20 A. M.

21. I hereby certify that I attended the deceased from Jan 40 to July 18 46
19 19 19
that I last saw him alive on July 17 46
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic valvular heart disease
Duration 6-7 yrs.

Due to: *****

Due to: *****

Other conditions: None except senility
(Include pregnancy within 3 months of death)

Major findings: None

Of operations: _____
Of autopsy: None

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? None
(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: 1

23. Signature W. L. Dickman (M. D. or other)
Address Dexter Mo. Date signed 7/20/46

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

24815

RECEIVED

District Health Office No. 2.
District File Number 846-938
Date Filed 8-5-46

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.....

Licensed Embalmer No. 3479

P. O. Address Depts, 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.