

**FILED OCT 9 1946**  
Registration District No. 316

Primary Registration District No. 6075

1. PLACE OF DEATH:

(a) County St. Francois  
(b) City or town Farmington RURAL St. Francois  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Missouri State Hospital No. 4  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 39 yrs. 2 mos. 21  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Phelps  
(c) City or town Rolla  
(If outside city or town limits, write "RURAL")  
(d) Street No. Unknown  
das. (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME CHARLES BLOW

3. (b) If veteran, name war Unknown 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 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 April 1875  
(Month) (Day) (Year)

8. AGE: Years 71 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Farming

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

MOTHER FATHER

12. Name Edward Blow

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

14. Maiden name Mary Jane Adams

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

16. (a) Informant Records State Hospital No. 4

(b) Address Farmington, Missouri

17. (a) Removal (b) Date thereof 9-12-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: To Washington University, St. Louis, Mo.

18. (a) Signature of funeral director by Miller Funeral Home

(b) Address Farmington, Missouri

19. (a) 10-4-46 (b) Ether Rudloff  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 11  
year 1946 hour 1 minute 55 P. M.

21. I hereby certify that I attended the deceased from April 19, 1946 to Sept. 11, 1946  
that I last saw him alive on Sept. 11, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis

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

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

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

Major findings: Of operations AM

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

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? St. Louis, Mo.

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

23. Signature George H. Rouse (M. D. or other) MD

Address Farmington, Mo. Date signed 9/17/46

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

30075

RECEIVED

District Health Officer No. 4

District File Number 1046-2205

Date Filed 10-7-46

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 not  
embalmed, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Paul D. Doyal

Licensed Embalmer No. 4120

P. O. Address Farmington 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.