

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35954

State File No.

Registration District No. 376

Primary Registration District No. 6282

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Wright

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

(c) Name of hospital or institution:  
at Home  
(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 Hough C. Blaney

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

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

4. Sex Male ( )

5. Color or race White

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

6. (b) Name of husband or wife Florence Blaney

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased May 22 1869  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>77</u>	<u>4</u>	<u>26</u>	hr. _____ min.

9. Birthplace Morgan Town West Virg.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

12. Name Unknown Blaney

13. Birthplace Unknown West. Virg.  
(City, town, or county) (State or foreign country)

14. Maiden name Sally Unknown

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

16. (a) Informant Miss Nellie Blaney

(b) Address ~~Wright~~ Kansas City, Mo.

17. (a) Burial (b) Date thereof 10-26-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Thomas Cemetery

18. (a) Signature of funeral director Thomas G. Vandlin

(b) Address Box 136, Norwood, Mo.

19. (a) 10-21-46 (b) Mrs. A.R. Worcham  
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wright 114

(c) City or town Norwood 0  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ 0  
(If rural, give location)

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 18  
year 1946 hour 2 minute 00 P.M.

21. I hereby certify that I attended the deceased from Oct 18  
1946 to Oct 18 1946  
that I last saw — alive on Oct 2 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Brain stroke  
Arteriosclerosis  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 0

23. Signature \_\_\_\_\_ (M. D. or other)

Address 1050 27th St Date signed 10/19

347 by Mat R. S. Smith (Licensed Embalmer's Statement on Reverse Side)

1946

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

14

0

0476

RECEIVED

District Health Officer No. 6,

District File Number 1046-1080

Date Filed OCT 31 1946

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 Thomas G. Haidlin

Licensed Embalmer No. 4317

P. O. Address Box 136, Norwood, 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.