

No. 2
2-45
17-39
X47070

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

675

State File No.

FILED FEB 11 1947

Primary Registration District No. 5401

Registrar's No.

1. PLACE OF DEATH

(a) County Douglas - Cass Twp.

(b) City or town Norwood, Mo. Rt. 2
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: No. 1
(If not in hospital or institution, write street number and location)

(d) Length of stay: In hospital or institution No. (Specify whether years, months or days)

In this community Lifetime (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas

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

(d) Street No. Rt. 2 (If rural, give location)

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

If yes, name country:

3. (a) PRINT FULL NAME MARY C. BLADES

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 28
year 1947 hour 12:00 minute NOON M.

21. I hereby certify that I attended the deceased from Jan 27
1947 to Jan 28 1947
that I last saw him alive on Jan 27 1947
and that death occurred on the date and hour stated above.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife GEORGE E. BLADES

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased Feb 15, 1867
(Month) (Day) (Year)

Immediate cause of death Heart
of Coronary Arteries

Due to Arteriosclerosis

Other conditions (Include pregnancy within 3 months of death) 83A

MOTHER FATHER

8. AGE: Years 78 Months 11 Days 13 If less than one day hr. min.

9. Birthplace Brushy Knob, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name John Heard

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

14. Maiden name McIntosh

15. Birthplace Douglas Co., Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant George E. Blades

(b) Address Norwood, Mo.

17. (a) Burial (b) Date thereof Jan 31, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brushy Knob, Mo.

18. (a) Signature of funeral director Russell Barber

(b) Address Mtn. Grove, Mo.

19. (a) (Date received local registrar) (b) (Registrar's signature)

Major findings: 83A

Of operations

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?

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

23. Signature L. J. V... (M. D. or other)

Address Norwood, Mo. Date signed Jan 31, 1947

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

84

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..... *Russell Barber*

Licensed Embalmer No. *3848*

P. O. Address..... *Mtn. Grove, 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.