

V. S. No. 2
100M--5-43
Rev. 5-17-39
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THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7902**

FILED APR 8 1947

Registration District No. **42**

Primary Registration District No. **1000**

Registrar's No. **444**

1. PLACE OF DEATH:

(a) County **Buchanan**

(b) City or town **St. Joseph**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2106 South 12th St. /
(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 **20 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Buchanan**

(c) City or town **St. Joseph**
(If outside city or town limits, write "RURAL")

(d) Street No. **2106 South 12th St.**
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Rosie Blizzard**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **none**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widow 2**

6. (b) Name of husband or wife **James Blizzard** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Dec. 30, 1862**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	84	2	11 2	hr. min.

9. Birthplace **James Port Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **Own home**

12. Name **Unknown** 9

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

14. Maiden name **Unknown** 5

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

16. (a) Informant **Mrs. Lois Shryock**
(b) Address **2106 South 12th St.,**

17. (a) **Removal, Burial** (b) Date thereof **March 14, 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Jamesport, Mo.**

18. (a) Signature of funeral director **Clark Mortuary**
(b) Address **5025 King Hill Ave.**

19. (a) **4-1-47** (b) **to G. Jenkins**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **11**, year **1947** hour **1** minute **15 p** M. **viewed**

21. I hereby certify that I attended the deceased from **March 12th 1947** to _____, 19____; that I last saw **her** alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis** Duration _____

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 **Coroner**

23. Signature **B. W. Tadlock** (M. D. or other) _____
Address **KING HILL BIDG** Date signed **2/14/47**

282 (Licensed Embalmer's Statement on Reverse Side) **St Joseph Mo.**

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

MOTHER FATHER

11
1
3

3

114/47

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 *Earl Clark*.....

Licensed Embalmer No. **4238**.....

P. O. Address **St. Joseph, 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.