

FILED APR 8 1947

Registration District No. **374**

Primary Registration District No. **4530**

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

1. PLACE OF DEATH:

(a) County **Worth**
(b) City or town **Sheridan**
(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 **18 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Frank Monroe Blaylock**

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 **Esther Agee Blaylock** 6. (c) Age of husband or wife if alive, years **30**
7. Birth date of deceased **June 30, 1880** (Month) (Day) (Year)

8. AGE: Years **66** Months **8** Days **21** If less than one day hr. min.

9. Birthplace **Gentry Co. Mo** (City, town, or county) (State or foreign country)

10. Usual occupation **farmer**

11. Industry or business

12. Name **William H. Blaylock I**
13. Birthplace **Indiana** (City, town, or county) (State or foreign country)
14. Maiden name **Mary Anne Bailey**
15. Birthplace **Illinois** (City, town, or county) (State or foreign country)

16. (a) Informant **Esther Blaylock**
(b) Address **Sheridan, Mo.**

17. (a) **burial** (b) Date thereof **3-23-47** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Grant City Cemetery**

18. (a) Signature of funeral director **Arch C. Dwyer**

(b) Address **Grant City, Mo.**

19. (a) **Mar 27 1947** (b) **Leta E. Dawson** (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Worth**
(c) City or town **Sheridan** (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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **21** year **1947** hour **2** minute **30 P.** M.

21. I hereby certify that I attended the deceased from **Jan 5, 1947** to **3-21, 1947** that I last saw him alive on **3-21, 1947** and that death occurred on the date and hour stated above.
Immediate cause of death.

Escherichia
Due to **Escherichia**
Due to **lobar pneumonia following surgery**
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **106**
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) (c) Means of injury **1**

23. Signature **R. P. Gasten** (M. D. or other) **D.O.**
Address **Grainville, Mo.** Date signed **3-23-47**

JUL 1 1949

DISTRICT HEALTH OFFICE
Camden, N.J.

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.....

Arch C. Dingle

Licensed Embalmer No:

3252

P. O. Address.....

Grant City, 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.