

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 6 1947

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34106

Registration District No. 104

Primary Registration District No. 5392

Registrar's No. 76

1. PLACE OF DEATH:

(a) County Dent
(b) City or town Amuth mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: NONE
(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

Lee Blaylock

3. (b) If veteran, name war

3. (c) Social Security No. ✓

4. Sex male

5. Color or race wh

6. (a) Single ~~widowed~~, married disc
M

6. (b) Name of husband or wife Mary

6. (c) Age of husband or wife if alive 48 years

7 Birth date of deceased FEB 14 1886
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
✓ 61 8 10 hr. min.

9 Birthplace PERRYVILLE MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation farming

11. Industry or business

12 Name AMOS BLAYLOCK

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

14 Maiden name JANE MCCOWAN

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

16. (a) Informant Mary Blaylock

(b) Address AMUTH, MO. 15542

17. (a) BURIAL (b) Date thereof 10/26/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CEDAR GROVE, CEM.

18. (a) Signature of funeral director W. T. Spencer

(b) Address SALEM, MISSOURI

19. (a) 10-31-47 (b) M. H. Holt M.D. or other
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dent
(c) City or town Amuth mo
(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 24 day Oct
year 1947 hour 10 minute am

21. I hereby certify that I attended the deceased from Oct 23 1947 to Oct 24 1947
that I last saw him alive on Oct 24 1947
and that death occurred on the date and hour stated above.

Immediate cause of death disapoplexy
nephritis chronic

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) no
(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

23. Signature Lesbur Randall M.D. or other MD
Address Licking Date signed 10-27-47

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

MOTHER FATHER

RECEIVED

District Health Officer No. 5,

District File Number 1147637

Date Filed 11-5-47

MAY 17 1948

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, ~~only~~

Registered Apprentice No.

working under my personal supervision.

Signed

Wm. W. McDonald

Licensed Embalmer No. 3806

P. O. Address. SALEM, MISSOURI

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.