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ENCLOSED

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

JAN 2 1948

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 5 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42643

Registration District No. 289 Primary Registration District No. 5982 Registrar's No.

1. PLACE OF DEATH:
(a) County Polk
(b) City or town Mooney Rural (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 Mi West of Pleasant Hope (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Polk 84
(c) City or town 1 Mile West of Pleasant Hope (If outside city or town limits, write "RURAL")
(d) Street No. 1 Mile West of Pleasant Hope (If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country none

3. (a) PRINT FULL NAME Martha Ellen Blurton
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Female
5. Color or race wh
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife J. C. Blurton
6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased Jan (Month) 14 (Day) 1873 (Year)

8. AGE: Years 74 Months 10 Days 12 If less than one day hr. min.

9. Birthplace (City, town, or county) Tenn (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name James P. Cloyde
13. Birthplace (City, town, or county) Tenn (State or foreign country)
MOTHER
14. Maiden name Sarah E. Bayless
15. Birthplace (City, town, or county) Tenn (State or foreign country)
16. (a) Informant Miss Ardrey Blurton
(b) Address Pleasant Hope
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 28 47 (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant Hope
18. (a) Signature of funeral director Willard B. Ernst
(b) Address Pleasant Hope, Mo.
19. (a) Dec. 29, 1947 (Date received local registrar) (b) R. M. Burnt (Registrar's signature) 76.4

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 26 year 1947 hour 8:40 minute A. M.
21. I hereby certify that I attended the deceased from Nov. 26, 1947, 19, to 19; that I last saw her alive on Nov. 26, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	6 hrs.
Due to: Hypertensive cardio-vascular disease	?
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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature Walter W. Tillman Jr. (M. D. or other) M. D.
Address Bolivar, Mo. Date signed 12-27-47

(Licensed Embalmer's Statement on Reverse Side)

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 Paul D. Butler, Registered Apprentice No. 446, working under my personal supervision.

Signed Willard B. Erwin

Licensed Embalmer No. 3092

P. O. Address Bolivar, 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.