

FILED JAN 17 1948

State File No. _____

Registration District No. 61

Primary Registration District No. 4107

Registrar's No. 56

1. PLACE OF DEATH:

(a) County Cedar
(b) City or town El Dorado Spgs
(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 _____ (Specify whether
In this community 50 yrs years, months or days)

3. (a) PRINT FULL NAME

JESSE BLYSTONE

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 _____

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

7. Birth date of deceased June 8 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 5 20 hr. min.

9. Birthplace Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Anderson Blystone

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

14. Maiden name Rebecca Stewart

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

16. (a) Informant Mrs J. Blystone

(b) Address 318 S Grand

17. (a) Burial (b) Date thereof Nov 30/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cool Hill

18. (a) Signature of funeral director Charles F. Funnell

(b) Address El Dorado Spgs

19. (a) 12-28-47 (b) J. Blystone
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar 20
(c) City or town El Dorado Spgs 1
(If outside city or town limits, write "RURAL") 0
(d) Street No. 318 S Grand 0
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 28
year 1947 hour 1 minute 45 P.M.

21. I hereby certify that I attended the deceased from 11-22-47
_____ 19____, to 11-28 1947

that I last saw him alive on 11-28 1947
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Angina Pectoris

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 2

23. Signature C. H. Underwirth (M. D. or other) DO.

Address El Dorado Spgs. Mo Date signed 11-29-47

APR 19 1919

RECEIVED
District Health Officer No. 7
District No. 12-4-2-3019
Date 1-5-48

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 *me*

....., Registered Apprentice No.
working under my personal supervision.

Signed *J. H. Reasley*
Licensed Embalmer No. *2730*
P. O. Address *El Dorado Spz*

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.