

FILED MAR 29 1948

Registration District No. 174

Primary Registration District No. 3038

Registrar's No. 128

1. PLACE OF DEATH:

(a) County: Linn
 (b) City or town: Brookfield
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 211 1/2 E. Park
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution: 62 years
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Linn 58
 (c) City or town: Brookfield
 (If outside city or town limits, write "RURAL")
 (d) Street No.: 211 1/2 E. Park
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country: _____

3. (a) PRINT FULL NAME: CHARLES EMERSON BLUNT

3. (b) If veteran, name war: _____ 3. (c) Social Security No. _____

4. Sex: M 5. Color or race: Wh 6. (a) Single, widowed, divorced, married: M
 (b) Name of husband or wife: Elsie J. Blunt 6. (c) Age of husband or wife if alive: 66 years
 7. Birth date of deceased: Jan - 19 - 1885
 (Month) (Day) (Year)

8. AGE: Years: 62 Months: 1 Days: 24 If less than one day: _____ min.

9. Birthplace: Linn Co. Mo
 (City, town, or county) (State or foreign country)

10. Usual occupation: Cleaning Shop

11. Industry or business: _____

12. Name of father: J. Wesley Blunt

13. Birthplace of father: D.K. Ill
 (City, town, or county) (State or foreign country)

14. Maiden name of mother: Mary S. Gallagher

15. Birthplace of mother: D.K. Ill
 (City, town, or county) (State or foreign country)

16. (a) Informant: Gravelly Blunt

(b) Address: Brookfield Mo

17. (a) Burial (b) Date thereof: Mar 17 - 48
 (Burial, cremation, or removal) (Month) (Year)

(c) Place: burial or cremation: Rose Hill

18. (a) Signature of funeral director: Hill Funeral Home

(b) Address: Brookfield, Mo

19. (a) 3-19-48 (b) Walter Blunt
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: March day: 14
 year: 1948 hour: between 8 & 10 A M.

21. I hereby certify that I attended the deceased from: ✓
 _____, 19✓ to: _____, 19✓

that I last saw him in alive on Feb. 14
 and that death occurred on the date and hour stated above.

Immediate cause of death: suicide by hanging by neck cord, from a rafter of his garage.
 Due to: He left a note stating his intention.

Due to: ✓

Other conditions: ✓
 (Include pregnancy within 3 months of death)

Major findings: ✓ 164A

Of operations: ✓

Of autopsy: ✓

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify): suicide

(b) Date of occurrence: Mar 14 1948

(c) Where did injury occur: Brookfield Linn Mo.
 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? in his garage at his residence
 (Specify type of place)

While at work? No (e) Means of injury: hung by rope.

23. Signature: March 14 1948 (M. D. or other): ○

Address: Brookfield Mo Date signed: 3/14-48

AUG 24 1946

DISTRICT HEALTH OFFICE
Cameron, Mo.

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

J. H. Blacklock

Licensed Embalmer No. *2346*

P. O. Address *Brookfield 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.