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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9314
State File No. _____

FILED APR 12 1948
Registration District No. 388

Primary Registration District No. 3039

Registrar's No. 162

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

1. PLACE OF DEATH:

(a) County Lin

(b) City or town Marceline
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(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 Thomas Alfred Blew

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 Rachel Evelyn Dornell 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased December -7 -1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

76 | 5 | 9 | hr. min.

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

10. Usual occupation Retired miner

11. Industry or business _____

MOTHER FATHER { 12. Name Wm Blew

13. Birthplace Lin Co Mo
(City, town, or county) (State or foreign country)

14. Maiden name Julia Ann Reiter

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

16. (a) Informant Annville Blew

(b) Address Marceline Mo

17. (a) Burial (b) Date thereof March 18-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation mtol vet Riley add

18. (a) Signature of funeral director James McLaughlin

(b) Address Marceline Mo

19. (a) 3-18-1948 (b) Mary Jane Owens
(Date received local registry) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lin 58

(c) City or town Marceline
(If outside city or town limits, write "RURAL")

(d) Street No. Curtis
(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 16
year 1948 hour 10 minute 00 A.M.

21. I hereby certify that I attended the deceased from June 19, 1946, to March 16, 1948, that I last saw him alive on March 16, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death: Congestive heart disease 5 years

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 _____

23. Signature P. A. Ottoran (M. D. or other) MD
Marceline, Mo. Date signed 3/17/48

**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..... *Dale Bunch*.....

Licensed Embalmer No. *4088*.....

P. O. Address *Marion 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.