

No. 300
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FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED JUL 9 1948

Registration District No. 292

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 20440

Primary Registration District No. 4435

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Ralls,

(b) City or town Perry, Missouri.
(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 16 Yrs. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ralls, 87

(c) City or town Perry, Missouri.
(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 _____

3. (a) PRINT FULL NAME: Amanda Blake.

3. (b) If veteran, name war _____

3. (c) Social Security No. None.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June, day 29th
year 1948 hour 5:30 minute A. M.

21. I hereby certify that I attended the deceased from April
24 1948 to June 28 1948
that I last saw her or alive on June 28 1948
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

6. (a) Single, married, divorced, widowed

6. (b) Name of husband or wife John Blake

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

7. Birth date of deceased July, 11, 1859
(Month) (Day) (Year)

Immediate cause of death Senility

Duration _____

8. AGE:	Years	Months	Days	If less than one day
	<u>88</u>	<u>11</u>	<u>18</u>	hr. _____ min. _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

9. Birthplace: Nicholas Co., Ky.
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business Home.

12. Name Jas Hamilton.

13. Birthplace Bath County, Ky.
(City, town, or county) (State or foreign country)

14. Maiden name Durzilla Jackson

15. Birthplace Nicholas Co., Ky.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Dan Faney

(b) Address Perry, Missouri.

17. (a) Burial (b) Date thereof 6-30-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lickcreek Cemetery.

18. (a) Signature of funeral director Walter W. Wicks

(b) Address Perry, Mo.

19. (a) 6/30/48 (b) W. W. Wicks
(Date received from registrar) (Registrar's signature)

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 E. T. Swan (M. D. or other) D.O.

Address Perry, Mo. Date signed 6/30/48

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 7-48-1212

Date Filed JUL 7 - 1948

Date Filed

District File Number

District Health Officer No. 10

RECEIVED

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

John F. Ellis
working under my personal supervision.

Registered Apprentice No. 494

Signed Joseph W. Wilkey
Licensed Embalmer No. 3820

P. O. Address Perry, 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.