

No. 2  
8-43  
5-17-39  
X37823

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **25851**

FILED SEP 8 1948

Registration District No. 96

Primary Registration District No. 5352

Registrar's No. 69

1. PLACE OF DEATH:

(a) County Dallas  
(b) City or town Rural - Sherman  
(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 \_\_\_\_\_ years, months or days)

3. (a) PRINT FULL NAME Benjamin Harrison Blue  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W  
6. (a) Single, widowed, married, divorced 0 3  
6. (b) Name of husband or wife Mary J. Blue 6. (c) Age of husband or wife if alive 67 years  
7. Birth date of deceased Mary - 14 1877  
(Month) (Day) (Year)

8. AGE: Years 71 Months 3 Days 8 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Laclede Co. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name John Blue 4  
13. Birthplace unknown (City, town, or county) (State or foreign country)  
14. Maiden name Mabelvie Smith 9  
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) Burial (b) Date thereof 8-25-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hape Well - Cem.

18. (a) Signature of funeral director Vaughan - Reser

(b) Address Urbana, Mo

19. (a) 9/4/48 (b) Ma J. B. Jones  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Dallas 30  
(c) City or town Rural 0  
(If outside city or town limits, write "RURAL") (If rural, give location) 0  
(d) Street No. \_\_\_\_\_ (If rural, give location) 0  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG day 22  
year 1948 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from April 15, 1948, to Aug 22, 1948  
that I last saw him alive on Aug 21, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction  
Due to Arteriosclerosis disease  
of coronary arteries  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy 9/4/48

Duration 3 mo

17yo

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 Ma J. B. Jones (M. D. or other) \_\_\_\_\_  
Address Urbana Mo Date signed 8/24/48

RECEIVED

District Health Officer No. 7,

District File Number 8-48-102-2

Date Filed 9-8-48

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.....

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

Signed Allen W. Vaughan

Licensed Embalmer No. 4156

P. O. Address Urbana, 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.