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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 13 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36143

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1061

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Springfield Baptist Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Mo. (Specify whether years, months or days) In this community 1 Mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Dade 29
(c) City or town Rural - Walnut Grove (If outside city or town limits, write "RURAL")
(d) Street No. Walnut Grove RR. 1 (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME BESSIE B. BLAKEMORE
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife ALVIN C. Blakemore
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased January (Month) 20 (Day) 1878 (Year)
8. AGE: Years 70 Months 10 Days 22 If less than one day — hr. — min.
9. Birthplace Dade Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Home
12. FATHER Name DR George N. Allder
13. FATHER Birthplace KY (City, town, or county) (State or foreign country)
14. MOTHER Maiden name Mary Pemberton
15. MOTHER Birthplace Dade Co Mo. (City, town, or county) (State or foreign country)
16. (a) Informant Alvin C. Blakemore
(b) Address Dadeville, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-7-48 (Month) (Day) (Year)
(c) Place: burial or cremation Masonic Cemetery Dadeville Mo.
18. (a) Signature of funeral director Geo. A. Brim
(b) Address Walnut Grove Mo.
19. (a) 12-6-48 (Date received local registrar) (b) W E Hardly M D (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 4th year 1948 hour about 6 minute 30 A. M.
21. I hereby certify that I attended the deceased from Nov 10, 1948, to Dec 4, 1948, that I last saw her alive on Dec 4, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chr. Myocarditis & Nephro-sclerosis	1 yr.
Due to	
Due to	
Other conditions Hypo thyroidism (Include pregnancy within 3 months of death)	

Major findings:
Of operations (0)
Of autopsy as per above with terminal pneumonia

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? (Specify type of place)
While at work? (e) Means of Injury

23. Signature Guy D Gullaway (M. D. or other) MD
Address Springfield Date signed Dec 4 1948.

(Licensed Embalmer's Statement on Reverse Side)

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 Warren D. Noblitt

Licensed Embalmer No. 4005

P. O. Address Old Grove Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.