

S. No. 300
OM-10-47
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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED DEC 2 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37725
Registration District No. 297
Primary Registration District No. 6022
Registrar's No. 93

1. PLACE OF DEATH:
(a) County RAY
(b) City or town Richmond (RURAL)
(c) Name of hospital or institution: R.F.D. #5
(d) Length of stay: In hospital or institution life
In this community life years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Ray
(c) City or town Richmond (RURAL)
(d) Street No. R.F.D. #5
(e) Citizen of foreign country? no.
If yes, name country _____

3. (a) PRINT FULL NAME MILTON BLAIN
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 W 2
6. (b) Name of husband or wife Susie Weather Blain (dec.)
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 5 1861

8. AGE: Years 87 Months 7 Days 2
If less than one day _____ hr. _____ min.

9. Birthplace Ray County Mo.

10. Usual occupation Farmer

11. Industry or business _____
12. Name George Blain
13. Birthplace Unknown Kentucky
14. Maiden name Jane Shreve
15. Birthplace Ray County Mo.

16. (a) Informant Floyd Titus
(b) Address Excelsior Springs, Mo.

17. (a) Burial (b) Date thereof Nov. 9 1948
(c) Place: burial or cremation Richmond, Mo. (Trinity Chapel)

18. (a) Signature of funeral director Thomas J. Carter
(b) Address Richmond, Mo.

19. (a) Nov 8 1948 (b) Malcolm Jackson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 7
year 1948 hour 10 minute 45 AM.
21. I hereby certify that I attended the deceased from 10-4-48
11-7-48, 19____, to 10-4-48, 19____;
that I last saw him alive on 10-4-48, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Entecostato
Due to Hypertension
Due to Arteriosclerosis
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations an
Of autopsy _____

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? I

While at work _____ (Specify type of place)
(e) Means of injury _____
23. Signature Malcolm Jackson
Address Richmond Mo
Date signed 11-8-48

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 12-1-48.....

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 Thomas J. Carter.....

Licensed Embalmer No. 4474.....

P. O. Address Richmond, 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.