

FILED JAN 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH42283
State File No.BIRTH NO. REG. DIST. NO. 363 PRIMARY REG. DIST. NO. 6236 Registrar's No. 15

| | | | | | |
|--|-------------------------------|---|---|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Warren</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u> | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Charrette</u> | | c. LENGTH OF STAY (in this place) <u>9 years</u> | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Republic</u> | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Emmaus Home</u> | | | d. STREET ADDRESS (If rural, give location) <u>1</u> | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Peggy</u> b. (Middle) <u>Lou</u> c. (Last) <u>Blades</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Decemb 31 1948</u> | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u> | 8. DATE OF BIRTH <u>May 11, 1936</u> | 9. AGE (In years last birthday) <u>12</u> | IF UNDER 1 YEAR Months Days |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>None</u> | 11. BIRTHPLACE (State or foreign country) <u>Republic, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u> |
| 13a. FATHER'S NAME <u>Eugene Blades</u> | | 13b. MOTHER'S MAIDEN NAME <u>Wilma Rell</u> | | 14. NAME OF HUSBAND OR WIFE <u>None</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>John S. Ruhl</u> ADDRESS <u>Marthasville Mo</u> | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>131a</u> | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intoxicated Nephritis</u> *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Freeble-minded and involved from birth</u> | | |
| 19a. DATE OF OPERATION | | | 19b. MAJOR FINDINGS OF OPERATION | | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | | 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | |
| 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 21f. HOW DID INJURY OCCUR? | | 22. I hereby certify that I attended the deceased from <u>Jan 1939</u> , to <u>Dec 31, 1948</u> , that I last saw the deceased alive on <u>Dec 31, 1948</u> , and that death occurred at <u>5 P. m.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>J. C. Johnson M.D.</u> (Degree or title) | | 23b. ADDRESS <u>Marthasville Mo</u> | | 23c. DATE SIGNED <u>1/1/49</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>1/1/49</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Republic Cemetary</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>Republic, Missouri</u> | | DATE REC'D BY LOCAL REG. <u>1/1/49</u> | | REGISTRAR'S SIGNATURE <u>J. C. Johnson</u> 334 | |
| 25. FUNERAL DIRECTOR'S SIGNATURE <u>Wilmot V. Lichtenberg</u> ADDRESS <u>Marthasville, Mo.</u> | | | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JAN 10 1949

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 _____

..... Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed Edmont F. Lichtenberg
Licensed Embalmer No. 4318

P. O. Address Marthasville, 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.