

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED JAN 16 1949

Registration District No. 389

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6036

State File No. 42620

Registrar's No. 235

1. PLACE OF DEATH:

(a) County Ripley Shirley Twp
(b) City or town Ponder Rural
(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 60 Years (Specify whether years, months or days)

In this community 60 Years

3. (a) PRINT FULL NAME Earnest Roland Blake

3. (b) If veteran, - name war - 3. (c) Social Security No. -

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Stella Blake 6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased Jan. 24, 1880 (Month) (Day) (Year)

8. AGE: Years 68 Months 7 Days 11 If less than one day hr. min.

9. Birthplace Morganfield (City, town, or county) N.Y. (State or foreign country)

10. Usual occupation farmer

11. Industry or business -

12. Name William Blake

13. Birthplace Morganfield (City, town, or county) N.Y. (State or foreign country)

14. Maiden name Stella Stone

15. Birthplace - (City, town, or county) N.Y. (State or foreign country)

16. (a) Informant Stella Blake

(b) Address Ponder no.

17. (a) Burial (b) Date thereof 9-8-1948 (Month) (Day) (Year)

(c) Place: burial or cremation Little Cent.

18. (a) Signature of funeral director W. Edwards

(b) Address Douglas no.

19. (a) 12-14-48 (Date received local registrar) (b) E.B. Johnston (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ripley
(c) City or town Ponder Rural (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 -

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 6 year 1948 hour 10 minute P.M.

21. I hereby certify that I attended the deceased from 1942 to Sept 4 1948

that I last saw him alive on Sept 6 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration -

Due to Hypertension
arteriosclerosis
He has had cancer of prostate
The past 5 years

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

Major findings: Of operations 51B Of autopsy 42

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 E. Williams (M. D. or other) 9/20/48

Address - Date signed -

RECEIVED 1-4-49
District Health Officer No. 5
District File Number 1291
67-01-1

OCT 9 1956

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

W. E. Johnson

Licensed Embalmer No.

4271

P. O. Address

Chippewa

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.