

FILED APR 19 1942 347  
Registration District No. ....

Primary Registration District No. 3018

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

1. PLACE OF DEATH:

(a) County HENRY Co

(b) City or town Clinton mo  
(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 \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community 50 years years, months or days

3. (a) PRINT FULL NAME IDA ELLEN BLAKEMORE

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

4. Sex Fem 5. Color or race white 6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife James 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased nov 13 1862  
(Month) (Day) (Year)

8. AGE: Years 79 Months 4 Days 8 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace MIDDLETON PORT Ill  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business House work

MOTHER FATHER { 12. Name ALEXANDER, P. FERGUSON

13. Birthplace BUFFELO NY  
(City, town, or county) (State or foreign country)

14. Maiden name ADELAIDE BUCHANAN

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

16. (a) Informant George Blakemore

(b) Address Clinton mo

17. (a) Burial (b) Date thereof 2-24-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Consolidated

18. (a) Signature of funeral director Clinton mo

(b) Address Place burial Englewood Cem.

19. (a) March 24 1942 (b) Henry Kitcher  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry 042

(c) City or town Clinton mo 2  
(If outside city or town limits, write "RURAL")

(d) Street No. 601 E Green  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21  
year 1942 hour 11 minute 15 P.M.

21. I hereby certify that I attended the deceased from  
1937 to March 21 1942

that I last saw him alive on March 1, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Cerebral aecution 1 hr

Due to gun cause aecution 3 hr

Due to \_\_\_\_\_

Other conditions Fracture R. Hip 1939  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations gpa

Of autopsy \_\_\_\_\_

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 G. Walker (M. D. or other) M.D.

Address Clinton mo Date signed 2-24-42

RECEIVED

District Health Officer No. 71

District File Number 4-42-316

Date Filed 4-7-42

**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 J. E. Conrads  
Licensed Embalmer No. 1891  
P. O. Address Clinton, 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.**