

Registration District No. **137**

Primary Registration District No. **5519**

1. PLACE OF DEATH:

(a) County **Henry**  
(b) City or town **Irish Brook White Oak**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Henry**  
(c) City or town **Irish Bro White Oak**  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME **CLARA BELLE BLEVINS**

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

4. Sex **female** 5. Color or race **white**  
6. (a) Single, widowed, married, divorced **widowed**  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **MAY 19 1862**  
(Month) (Day) (Year)

8. AGE: Years **82** Months **7** Days **20** hr. \_\_\_\_\_ min. \_\_\_\_\_  
If less than one day

9. Birthplace **Columbia Boone Co. Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **house wife**

11. Industry or business \_\_\_\_\_

MOTHER FATHER {  
12. Name **Mrs. Tolson**  
13. Birthplace **Boone Co. Mo.**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Margaret B. Cowden**  
15. Birthplace **Boone County Mo.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **F. W. Cuming**  
(b) Address **Irish Mo.**

17. (a) **Burial** (b) Date thereof **Jan 9 1945**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mullin Cemetery**

18. (a) Signature of funeral director **W. D. Brown**  
(b) Address **Irish Mo.**

19. (a) **February 7 1945** (b) **Georgia Kitchen**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **8**  
year **1945** hour **5:30** minute **9** M.

21. I hereby certify that I attended the deceased from **1943**  
**Jan 7 1944** to **Jan 7 1945**  
that I last saw him alive on **Jan 7 1945**  
and that death occurred on the date and hour stated above.

Immediate cause of death  
**Cardiac Dilatation** 6 mos  
**Cardiac Asthma**  
Due to **Hypertension with** 2 yr  
**Cerebrovascular**  
Due to **Diseases** 1 yr

Other conditions (Include pregnancy within 3 months of death)  
**93d**

Major findings:  
Of operations \_\_\_\_\_  
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 **J. S. McDaniel** (M. D. or other)  
Address **Irish Mo.** Date signed **1-9-45**

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

RECEIVED

Director of Health Officer No. 7,

License No. 2-45-161

Date filled 3-9-45

**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 A. R. Kenney

Licensed Embalmer No. 3099

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.**