

No. 2  
8-43  
5-17-39  
X37823

FILED MAY 17 1945  
Registration District No. \_\_\_\_\_

Primary Registration District No. **3023**

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

1. PLACE OF DEATH:

(a) County **HENRY**

(b) City or town **CLINTON**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**STEPS-CONVELESSENT HOME**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **11 MONTHS**  
(Specify whether years, months or days)

In this community **11 MONTHS**

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **Henry**

(c) City or town **URICH MO**  
(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 **LUVENA E. BLECHER**

3. (b) If veteran, name war  \_\_\_\_\_

3. (c) Social Security No. **NONE**

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **WIDOW**

6. (b) Name of husband or wife **JOHN F. BLECHER** alive: **DEAD** years

7. Birth date of deceased **JAN. 1, 1861**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

**77** **11** **5** hr. min.

9. Birthplace **BOONEVILLE MO**  
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSEKEEPER**

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

MOTHER FATHER { 12. Name **JEREMIAH RANDOLPH**

13. Birthplace **BOONEVILLE MO**  
(City, town, or county) (State or foreign country)

14. Maiden name **RHODA CAROLINE**

15. Birthplace **RHODA BOONEVILLE MO**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Lena L. Randolph**

(b) Address **Creighton MO**

17. (a) **Burial** (b) Date thereof **April 8, 45**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **URICH CEMETERY**

18. (a) Signature of funeral director **T. L. Carrants**

(b) Address **Clinton MO**

19. (a) **April 7** (b) **Nuptal Provelde**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **6**  
year **1945** hour **11:30** minute **A.M.**

21. I hereby certify that I attended the deceased from **3-26** 19**45** to **4-6** 19**45**

that I last saw her **alive on 4-5** 19**45** and that death occurred on the date and hour stated above.

Immediate cause of death **Impacted Food Mass Lt Femur**

Due to **Accidental fall in her room**

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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

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

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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? **Home for old people**

While at work? **no** (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature **E. C. Peeler MD** (Physician's name) other \_\_\_\_\_

Address **Clinton MO** Date signed **4/7/45**

**Peeler 1341**

RECEIVED

DI

ON

DATE

124-45-447  
6-15-45

**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

*N. A. Varsant*

Licensed Embalmer No. *3779*

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.**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. June  
Registrar's No. 80

Registration District No. 137

Primary Registration District No. 3023

1. PLACE OF DEATH:

(a) County Henry  
(b) City or town Clinton  
(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 \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
years, months or days

3. (a) PRINT FULL NAME Lurena E. Blecher

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

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

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

7. Birth date of deceased \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year)

8. AGE: Years 84 Months 3 Day \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

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

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

12. Name \_\_\_\_\_

13. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_ (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_ (If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month \_\_\_\_\_ year 1945 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_; that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above. Immediate cause of death \_\_\_\_\_

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

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

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

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

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

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence 3/26/45

(c) Where did injury occur? Clinton Henry Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Who sleeps home for aged persons

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury fall

23. Signature Ed. C. Peeler (M.D. or other) \_\_\_\_\_

Address Clinton Mo Date signed 8/22/45

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

SUPPLEMENTARY

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

17046