

FILED AUG 12 1948

Registration District No. **297**

Primary Registration District No. **6022**

Registrar's No. **48**

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

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1. PLACE OF DEATH:

(a) County **Ray**  
(b) City or town **Richmond, Rural**  
(c) Name of hospital or institution: **Nichols and Zung**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Ray**  
(c) City or town **Rural**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **R. F. D. # 2, Richmond**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME **Kittie Francis Blain**

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

4. Sex **Fe** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Mar**  
6. (b) Name of husband or wife **Wm. M. Blain** 6. (c) Age of husband or wife if alive **71** years  
7. Birth date of deceased **January 9, 1879**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**64 6 23** hr. min.

9. Birthplace **Richmond, Ray** **Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **housewife**

11. Industry or business

MOTHER FATHER { 12. Name **Kitt Trigg**  
13. Birthplace **Ray** **Mo.**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Julia Joiner**  
15. Birthplace **Ray** **Mo.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Wm. M. Blain**

(b) Address **Richmond, Mo. R. F. D. #2**

17. (a) **Burial** (b) Date thereof **Aug 2, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Dockery**

18. (a) Signature of funeral director **[Signature]**

(b) Address **Richmond, Mo.**

19. (a) **Aug 1 43** (b) **Moschus W. Shoppard**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug.** day **1**  
year **1948** hour **12:26** minute **A** M.

21. I hereby certify that I attended the deceased from **June**  
**1944** to **Aug 1**, 19**48**  
that I last saw her alive on **Aug 1**, 19**48**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocarditis** **2 wks.**

Due to **Cerebral Hemorrhage** **11 mos.**

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **[Signature]**  
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 **[Signature]** (M. D. or other) **M.D.**  
Address **Richmond, Mo.** Date signed **8-2-48**

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 8-1-43

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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, only  
\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. 2073

P. O. Address Richmond, N.C.

**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.**