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3-40  
7-39  
10-10

DEC 16 1940  
Registration District No. 744

Primary Registration District No. 59703

State File No.

Registrar's No. 108

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

1. PLACE OF DEATH:

(a) County Ray

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

(c) Name of hospital or institution: none  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution home (Specify whether)

In this community all life years, months or days 2

3. (a) PRINT FULL NAME Lela Francis Blain

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

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years (Day) (Year)

7. Birth date of deceased June 26 1908  
(Month) (Day) (Year)

8. AGE: Years 32 Months 4 Days 14 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation House Duties

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

12. Name William Blane

13. Birthplace Dockery Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Kitty Francis Trigg  
(City, town, or county) (State or foreign country)

15. Birthplace Dockery Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant William Blain

(b) Address Richmond Mo.

17. (a) Burial (b) Date thereof Nov. 11, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dockery Cemetery

18. (a) Signature of funeral director E. Thurman  
Richmond Mo. 915

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

19. (a) Nov 11-40 (b) Malcolm Jackson  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ray

(c) City or town Richmond Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. 7. Miles North of Richmond Mo.  
(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 9  
year 1940 hour 10.55 minute A. M.

21. I hereby certify that I attended the deceased from July 1938 to Nov. 9 1940  
that I last saw her alive on Nov. 9 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Pericarditis with effusion

Due to Rheumatic Myocardial insufficiency

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

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

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? \_\_\_\_\_

(Specify type of place)

While at work \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature JW Gaines (M. D. or other) MD  
Address Richmond Mo. Date signed 11-11-40

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 12-12-40

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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, or by.....

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**