

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Registration District No. 297

Primary Registration District No. 6022

1. PLACE OF DEATH:

(a) County RAY  
(b) City or town Richmond (RURAL)  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: R.F.D. #5 /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community life (Specify whether  
years, months or days)

3: (a) PRINT FULL NAME MILTON BLAIN

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced W 2  
6. (b) Name of husband or wife Snice Venette Blain (dec.) 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased April 5 1861  
(Month) (Day) (Year)

8. AGE: Years 87 Months 7 Days 2 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer

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

MOTHER FATHER  
12. Name George Blain  
13. Birthplace Unknown Kentucky  
(City, town, or county) (State or foreign country)  
14. Maiden name Jane Shreve  
15. Birthplace Ray County Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Floyd Titus  
(b) Address Exclair Springs, Mo.

17. (a) Burial (b) Date thereof Nov. 9 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Richmond, Mo. (Lodge Chapel)

18. (a) Signature of funeral director Thomas J. Carter  
(b) Address Richmond, Mo.

19. (a) Nov 8 1948 (b) Malcolm Jackson  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray  
(c) City or town Richmond (RURAL)  
(If outside city or town limits, write "RURAL")  
(d) Street No. R.F.D. #5  
(If rural, give location)  
(e) Citizen of foreign country? no. (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 7  
year 1948 hour 10 minute 45 A.M.

21. I hereby certify that I attended the deceased from 10-4-48  
11-7-48 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_;  
that I last saw him alive on 10-4-48 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Entecata  
Due to Hypertension  
Arteriosclerosis  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations CA  
Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_  
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? I

While at work \_\_\_\_\_ (Specify type of place)  
(c) Means of injury \_\_\_\_\_

23. Signature [Signature] M.D. or other DCI  
Address Richmond Mo Date signed 11-8-48

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

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 12-1-48.....

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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 Thomas J. Carter.....

Licensed Embalmer No. 4474.....

P. O. Address Richmond, 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.