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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35569

Registration District No. 1297 — Primary Registration District No. 6022 — Registrar's No. 67

FILED NOV 12 1943

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: Rucker Nu
(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)
In this community .....

2. USUAL RESIDENCE OF DECEASED: 89
(a) State Missouri (b) County Ray
(c) City or town Richmond Rural
(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 Susan Blain
3. (b) If veteran, name war No
3. (c) Social Security No No
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Milton Blain
6. (c) Age of husband or wife if alive 82 years
7. Birth date of deceased Aug. 21 1861 (Month) (Day) (Year)

8. AGE: Years 82 Months 2 Days 14 If less than one day ..... hr. ..... min.

9. Birthplace Unknown (City, town, or county) Indiana (State or foreign country)
10. Usual occupation House Wife
11. Industry or business .....

FATHER
12. Name Ben Derstler
13. Birthplace Unknown (City, town, or county) ---------- (State or foreign country)

MOTHER
14. Maiden name Issabell Arnold
15. Birthplace Pennsyluania (City, town, or county) ---------- (State or foreign country)

16. (a) Informant MiltOn Blain
(b) Address Richmond Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov.5.1943 (Month) (Day) (Year)
(c) Place: burial or cremation Toddschapel
18. (a) Signature of funeral director .....
(b) Address Richmond Mo.
19. (a) Nov 5 1943 (Date received local registrar) (b) ..... (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 4 year 1943 hour 6 minute A. M.
21. I hereby certify that I attended the deceased from Oct 26, 1943 to Nov 4, 1943 that I last saw her alive on Nov 4, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorhage (Duration)
Due to Artesio Sclerosis
Due to .....
Other conditions (Include pregnancy within 3 months of death) .....
Major findings: Of operations .....
Of autopsy .....

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 E. E. Jay M.D. (M. D. or other)
Address Richmond Mo. Date signed 11/4/43

1261

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
rict File Number.....
Filed 11-11-43

NOV 19 1943

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 E. Hinman

Licensed Embalmer No. 2073

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.

No. 2B
—5-43
I X36930

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 297 | Primary Registration District No. 6022 | Registrar's No. 67

1. PLACE OF DEATH:

(a) County Ray

(b) City or town Richmond Twp Rural
(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 years, months or days)
In this community _____

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 _____

3. (a) PRINT FULL NAME Susan Blair

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 m

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ Years

7. Birth date of deceased aug 27 1861
(Month) (Day) (Year)

8. AGE: Years 82 | Months 2 | Days _____ | If less than one day, _____ hrs. _____ min.

9. Birthplace _____ Ind.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

FATHER
12. Name _____
13. Birthplace _____ _____
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name _____
15. Birthplace _____ _____
(City, town, or county) (State or foreign country)

16. (a) Informant _____
(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) Nov 5 43 (b) Mrs Thos W Shepherd
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

SUPPLEMENTARY

20. DATE OF DEATH: Month _____ day _____
year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____; that I last saw h_____ alive on _____, 19____; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death _____	
Due to _____	
Due to _____	
Other conditions _____ (Include pregnancy within 3 months of death)	
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 _____ (M. D. or other)

Address _____ Date signed _____

35569