

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38724**

FILED DEC 28 1943

Registration District No. **8046**

Primary Registration District No. **8046**

Registrar's No. **130**

1. PLACE OF DEATH:

(a) County **Monticau**
(b) City or town **California**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1**

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **all her life** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Lillie Ann Blalock**

3. (b) If veteran, name war: **No.**

4. Sex **Female** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **1**

6. (b) Name of husband or wife **Henry Blalock** 6. (c) Age of husband or wife if alive **46** years

7. Birth date of deceased **Aug 29 1898** (Month) (Day) (Year)

8. AGE: Years **45** Months **3** Days **1** - If less than one day hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business **Cline Miller**

12. Name **Martha**

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

14. Maiden name **Cooper** (City, town or county) (State or foreign country)

15. Birthplace **Mrs Henry Wallers** (City, town or county) (State or foreign country)

16. (a) Informant **California**

(b) Address **Bureau**

17. (a) **Bureau** (b) Date thereof **12/1/43** (Month) (Day) (Year)

(c) Place: burial or cremation **Burke Cemetery**

18. (a) Signature of funeral director **William F. Fickner**

(b) Address **California**

19. (a) **12-1-43** (b) **12/1/43** (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Monticau**
(c) City or town **California** (If outside city or town limits, write "RURAL")

(d) Street No. **710** (If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country: **1**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **30** year **1943** hour **1** minute **A.M.**

21. I hereby certify that I attended the deceased from **Nov 29** to **Nov 29** 19**43**
that I last saw her alive on **Nov 29** 19**43**
and that death occurred on the date and hour stated above

Immediate cause of death: **Carcinoma of stomach**

Due to: **Heb**

Due to: **Heb**

Other conditions: **Heb** (Include pregnancy within 3 months of death)

Major findings: **Heb** 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) **2**
(b) Date of occurrence **12/1/43**
(c) Where did injury occur? **California** (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? **2** (Specify type of place) (e) Means of injury

23. Signature **California** (M.D. or other) Date signed **12/1/43**

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 *H. E. Friedmeyer*

Licensed Embalmer No. *2854*

P. O. Address *California 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.