

REC'D MAR 13 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

6392

Do not use this space.

1. PLACE OF DEATH

(a) County DentRegistration District No. 269(b) Township NormanPrimary Registration District No. 5376Registered No. 2

(c) City

(d) Street No.

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred

yrs. mos. ds.

(f) How long in U.S., if of foreign birth?

yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No.

St.

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) HUSBAND OF (OR) WIFE OF

Mary A Blackwell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Mar 24 - 1861

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

77116

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

Farmer

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Dent Co Mo.

FATHER

13. NAME

John B Blackwell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Crawford Co Mo.

MOTHER

15. MAIDEN NAME

Sarah J Kincaide

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Maries Co Mo.

17. INFORMANT (ADDRESS)

Mary A Blackwell
Salem Mo R 2

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

Blackwell Cemetery
3/3

19. FUNERAL DIRECTOR (ADDRESS)

W. D. Hobbs
Salem Mo.

20. FILED

March 3, 1939
Mrs. Cora Bailey
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

2/281939

22. I HEREBY CERTIFY, That I attended deceased from

Feb 28, 1939 to Feb 28, 1939I last saw him alive on Feb 23, 1939. Death is saidto have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

Paralysis or apoplexy
Feb 23
924-1

Other contributory causes of importance:

Arteriosclerosis1938Name of operation None

Date of

What test confirmed diagnosis? usual ways as there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

(Address)

A. G. Gilman
Salem Mo

STATEMENT BY LICENSED EMBALMER

I, H D Holman, Licensed Embalmer No. 928

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

H D Holman

Licensed Embalmer No.

928

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.)