

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

7803

Do not use this space.

1. PLACE OF DEATH

(a) County Platte County

Registration District No. 692

(b) Township Green

Primary Registration District No. 5919B

(c) City 2 Mi. S. Wallace, Mo.

Street No. _____

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

(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. 2 Mi. S. Wallace, Mo. 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 HUSBAND OF (OR) WIFE OF

Jennie E. Dudley

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

Nov. 15, 1875

7. AGE

YEARS

64

MONTHS

3

DAYS

8

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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

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

Farmer

10. Date deceased last worked at this occupation (month and year) Sept 1, 1939

11. Total time (years) spent in this occupation 43

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

Buchanan County, Missouri

FATHER

13. NAME

William D. Blackstun

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

Buchanan County, Missouri

MOTHER

15. MAIDEN NAME

Sarah E. Hurst

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

Buchanan County, Missouri

17. INFORMANT

(ADDRESS) Jennie Dudley Blackstun
2 mi. South Wallace, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Turner Cem.

DATE Feb. 25, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS)

L. F. Rollins
Platte City, Missouri

20. FILED

Feb 25 1940

Miss M. H. Moore
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 23, 1940

22. I HEREBY CERTIFY That I attended deceased from Feb 10, 1940 to Feb 23, 1940
I last saw him alive on Feb 23, 1940 Death is said to have occurred on the date stated above, at 5⁰⁰ m.

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

Bronchial Pneumonia Date of onset Feb 19 1940

Other contributory causes of importance:

of Prostate Gland

Name of operation None Date of None

What test confirmed diagnosis? None Was 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 None, 1940

Where did injury occur? None (Specify city or town, county, and State)

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

Manner of injury None

Nature of injury None

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

If so, specify No

(Signed) M. H. Moore M. D.

(Address) Dearborn

RECEIVED
District Health Officer No. 11,
District File Number 340-234
Date Filed MAR 5 1940

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. 4059

P. O. Address Little City, 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, above space should be left blank.