

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

10697
Do not use this space.

1. PLACE OF DEATH
 (a) County Chester Registration District No. 294
 (b) Township Stearl Primary Registration District No. 3013 Registered No. 16
 (c) City Cameron (d) Street No. _____ 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 Jerry Lee Blacketer
 (a) Residence, No. 618 N. Main St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAR 24 1940

7. AGE YEARS MONTHS DAYS 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.
 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) Cameron Mo

FATHER
 13. NAME Maurice Blacketer
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cameron Mo

MOTHER
 15. MAIDEN NAME Ruth Ellis
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fall River Kans

17. INFORMANT (ADDRESS) Maurice Blacketer
Cameron Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Cameron Mo DATE MAR 26 1940

19. FUNERAL DIRECTOR (ADDRESS) O. A. Moore
Cameron Mo

20. FILED 3/26 1940 A. H. Miller Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAR 25 1940 1940

22. I HEREBY CERTIFY, That I attended deceased from March 24, 1940, to March 25, 1940
 I last saw him alive on March 25, 1940 Death is said to have occurred on the date stated above, at 1:20 P. M.
 The principal cause of death and related causes of importance were as follows:
Congenital debility and convulsions Date of onset 3:25 PM
154
 Other contributory causes of importance: Pre-emptive delivery unattended.

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____ 19 _____
 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) C. D. James M. D.
185 (Address) Cameron, Mo 3

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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 11,

District File Number ~~440~~ - 519

Date Filed APR 12 1940

STATEMENT BY LICENSED EMBALMER

I, O A Moore, Licensed Embalmer No. 1180

hereby certify that the body recorded on the reverse side of this certificate was ^{not} embalmed by O A Moore

L. E.

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

Signed O A Moore

Licensed Embalmer No. 1180

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.)