

JUN 8 1940 496
Registration District No. _____

Primary Registration District No. 3025

Registrar's No. 42

1. PLACE OF DEATH:

- (a) County Lincoln
(b) City or town Brookfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

8. (a) PRINT
FULL NAMEEsther Louella Blackwell

3. (b) If veteran,
-
- name war _____

3. (c) Social Security
-
- No.
- None

4. Sex

7

5. Color or
-
- race
- W.

6. (a) Single, widowed, married,
-
- divorced
- married

6. (b) Name of husband or wife

6. (c) Age of husband or wife if
-
- alive
- 65
- years

7. Birth date of deceased

July 18 1890
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

49922

hr.

min.

9. Birthplace

North Salem Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation

At Home

11. Industry or business

MOTHER FATHER

12. Name

Daniel Stufflebeam

13. Birthplace

Unknown
(City, town, or county) (State or foreign country)

14. Maiden name

Rachael Baker
(City, town, or county) (State or foreign country)

15. Birthplace

Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature

Eds. O. Hall

- (b) Address

Brookfield

17. (a)
- Burial
-
- (Burial, cremation, or removal)

- (b) Date thereof

May 12 40
(Month) (Day) (Year)

- (c) Place: burial or cremation

Rose Hill Cem. Brookfield

18. (a) Signature of funeral director

Will Funeral Chapel

- (b) Address

Brookfield Mo

19. (a)

May 12 40
(Date received local registrar)

- (b)

North Salem
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Lincoln
(c) City or town Brookfield
(If outside city or town limits, write "RURAL")
(d) Street No. 216 S. Clinton
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month
- May
- day
- 10
-
- year
- 1940
- hour
- 12
- minute
- 30
- p. M.

21. I hereby certify that I attended the deceased from
- May 25
-
- 1939
- , to
- May 10
- , 19
- 40
-
- that I last saw him alive on
- May 10
- , 19
- 40
-
- and that death occurred on the date and hour stated above.

Immediate cause of death

Pneumonia

Duration

5 wks

Due to

Liphegma6 wks

Due to

11 wks

Other conditions

(Include pregnancy within months of death)

Disphrenous Planning

PHYSICIAN

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

Dr. H. H. H.

(M. D. or other)

Address

Brookfield

Date signed

May 12 40

RECEIVED
District Health Officer No: 177
District File Number 646-819
Date Filed JUN 4 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.....

J. R. Blacklock....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

J. R. Blacklock
Licensed Embalmer No. 2246

P. O. Address *Brookfield 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.