

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

**FILED AUG 23 1940**

Registration District No. 200

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

**25360**

State File No. \_\_\_\_\_

Primary Registration District No. 55526

Registrar's No. 135

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Prairiaville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Jackson County Home for the aged or firm 3  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 10 years  
(Specify whether  
In this community unknown  
years, months or days)

3. (a) PRINT FULL NAME MIKE BLACKBURN

3. (b) If veteran.  name war. ✓ 3. (c) Social Security No. 421

4. Sex m 5. Color or race W 6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Sept 28 1869  
(Month) (Day) (Year)

8. AGE: Years 70 Months 8 Days 18 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Montucky (City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Unknown

12. Name Unknown

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

14. Maiden name Unknown

15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant J. M. Wilson

(b) Address Little River

17. (a) removal (b) Date thereof June 21-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Knoxville Cold Est

18. (a) Signature of funeral director Walter E. ...

(b) Address 2657 Indian St Mo

19. (a) 7-2-40 (b) J. M. Wilson  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson  
(c) City or town Little Blue  
(If outside city or town limits, write "RURAL")  
(d) Street No. 0 J C Avenue  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16  
year 1940 hour 3 minute 15 A.M.

21. I hereby certify that I attended the deceased from June 15, 1940 to June 16, 1940  
that I last saw him alive on June 16, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Due to Respiratory paralysis

Due to \_\_\_\_\_

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings: Of operations ✓

Of autopsy ✓

Duration

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) \_\_\_\_\_

(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? \_\_\_\_\_

(e) Signature \_\_\_\_\_ (Specify type of place) (M. D. or other)

(f) Address Little Blue June 20-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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 *W. L. Ward*

Licensed Embalmer No. 3991

P. O. Address 5725 Virginia

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**