No. 2
4-13-40
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34862

Registration District No. 85 — Primary Registration District No. 1001 — Registrar's No. 1129

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2512 Duncan St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether
In this community 24 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 2512 Duncan
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME Effie Orlena Blackwell

3. (b) If veteran, name war ____ 3. (c) Social Security No. none

4. Sex Female | 5. Color or race White | 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Edward L. Blackwell — 6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased Feb. 8, 1876 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
64	8	14	____ hr. ____ min.

9. Birthplace Unknown (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Own home
12. FATHER — Name Kinsman Cranmer
13. FATHER — Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
14. MOTHER — Maiden name Victoria O'Day
15. MOTHER — Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant Mrs. Ethel Mack
(b) Address 815 E. Hyde Park Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 24, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Chillicothe, Mo.
18. (a) Signature of funeral director Clark Mortuary
(b) Address 5025 King Hill Ave.
19. (a) Oct 24, 1940 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 22
year 1940 between 7:00 and 10:00 p minute M.
21. I hereby certify that I attended the deceased from Viewed
Oct, 22nd 19 40 to ____ 19 ____;
that I last saw h ##### alive on ____ 19 ____;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Suicide by fire arms	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) none	

Major findings:
Of operations ____
Of autopsy none

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) Suicide
(b) Date of occurrence Oct 22nd 1940
(c) Where did injury occur? St Joseph, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? no (e) Means of injury Gun

23. Signature C. W. Tadlock Coroner (M. D. or other)
Address King Hill Bldg St. Joseph Date signed 10/24/40

(Licensed Embalmer's Statement on Reverse Side)

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 Oct. 22,

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. 3476

P. O. Address St. Joseph, Mo.

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

If this body is not embalmed, fact should be so stated above.