

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

35199

State File No. _____

Registration District No. 268

Primary Registration District No. 2376

Registrar's No. 74

1. PLACE OF DEATH:

- (a) County Dent
(b) City or town Rural Norman
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution 2
(Specify whether

In this community 73 years
years, months or days)

3. (a) PRINT FULL NAME Henry A Blackwell

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mary E. Blackwell 6. (c) Age of husband or wife if

alive 71 years

7. Birth date of deceased April 6 1867
(Month) (Day) (Year)

8. AGE: Years 73 Months 6 Days 4 If less than one day
hr. min.

9. Birthplace Dent Co MO.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name John S Blackwell

13. Birthplace Crawford Co. MO.
(City, town, or county) (State or foreign country)

14. Maiden name Sarah E. Kincaid

15. Birthplace Phelps Co. MO.
(City, town, or county) (State or foreign country)

16. (a) Informant W. E. Blackwell

(b) Address Salem MO

17. (a) Burial (b) Date thereof 10/11/1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blackwell Cemetery

18. (a) Signature of funeral director John E. Lanthier

(b) Address Salem MO

19. (c) October 11 1940 (d) W. E. Blackwell
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State MO (b) County Dent
(c) City or town Rural Norman Township
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 9
year 1940 hour 3 minute 45 P. M.

21. I hereby certify that I attended the deceased from Sept 9 1940
to Oct 9 1940
that I last saw him alive on Sept 9 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy

Due to _____

Due to Chronic Hypertension

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations: _____

Of autopsy: no

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 2nd

(c) Where did injury occur? 2nd
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? Yes (e) Means of injury _____

23. Signature W. E. Blackwell (M. D. or other) _____
Address Salem MO Date signed Oct 11 1940

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 5,

District File Number 11401133

Date Filed _____

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 _____

H. D. Johnson, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. 928

P. O. Address _____

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.