S. No. 2
4-13-40
5-17-39
I X23159

FEB 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3029

Registration District No. 411 Primary Registration District No. 5569 Registrar's No.

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

1. PLACE OF DEATH:

(a) County Jasper Rural

(b) ~~City or town~~ Joplin - Galena
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 5 MILES WEST of JOPLIN
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 45 YEARS.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Joplin Mo; - Rural
(If outside city or town limits, write "RURAL")

(d) Street No. R.F.D. - Joplin -
(If rural, give location)

(e) If foreign born, how long in U. S. A.? No years.

3. (a) PRINT FULL NAME Edward Lee Blackerby.

3. (b) If veteran, name war No

3. (c) Social Security No. 491-01-0566

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Amelia

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Sept. 8, 1877 (Month) (Day) (Year)

8. AGE: Years 63 Months 4 Days 6 If less than one day hr. min.

9. Birthplace Missouri. (City, town, or county) 0 (State or foreign country)

10. Usual occupation Employe Joplin Gas Co,

11. Industry or business GAS.

FATHER
12. Name James Blackerby
13. Birthplace Kentuckey (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name No record
15. Birthplace no record (City, town, or county) (State or foreign country)

16. (a) Informant Amelia Blackerby.
(b) Address R.F.D. Joplin Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 1-16-41 (Month) (Day) (Year)
(c) Place: burial or cremation FAIRVIEW CEM.

18. (a) Signature of funeral director Hurlbut Und. Co.
(b) Address Joplin Mo

19. (a) 1-15-41 (Date received local registrar) (b) Ed D James (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. 14 day 1941
year hour 6-30 minute A.M.

21. I hereby certify that I attended the deceased from Jan 13-41
Jan 14, 1941, to Jan 14, 1941;
that I last saw him alive on Jan 14, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Hemorrhage

Due to Pul. T.B.

Due to

Other conditions
(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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature J M Gray M D (M. D. ~~or other~~)
Address Joplin Mo Date signed 1-14-41

(Licensed Embalmer's Statement on Reverse Side)

41-2-179

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 Sam E. Sensenney Jr

Licensed Embalmer No. 4099

P. O. Address Joplin 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, fact should be so stated above.