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FILED FEB 17 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 3652

Registration District No. 625

Primary Registration District No. 3031-5897

Registrar's No. 16

74  
89  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County. Nodaway

(b) City or town. Bedison

(c) Name of hospital or institution. Rural Polk Township Mo  
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 1 (Specify whether  
In this community. 5 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Mo. (b) County. Nodaway

(c) City or town. Bedison (Rural)  
(If outside city or town limits, write "RURAL")

(d) Street No. 1 1/2 mi Northwest  
(If rural, give location)

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

3. (a) PRINT FULL NAME. CLARA CLEMENTINA BLACKETER

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

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

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

7. Birth date of deceased. June 28 1884  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. Jan. day 30,  
year. 1941 hour. 6 minute. 40 p. M.

21. I hereby certify that I attended the deceased from Mar 1st 1939 to Jan 30 1941  
that I last saw her alive on Jan 29 1941  
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>56</u>	<u>7</u>	<u>2</u>	hr. _____ min.

Immediate cause of death. Pernicious Anemia Duration 3 1/2

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

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

Other conditions. (Include pregnancy within 3 months of death) 92 W

9. Birthplace. Worth Co. Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation. Housewife

11. Industry or business \_\_\_\_\_

12. Name. Oren Force

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

14. Maiden name. Ella Smith

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

16. (a) Informant. Len Blacketer

(b) Address. Maryville, Mo.

17. (a) Burial (b) Date thereof. Feb. 3, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Graham Mo.

18. (a) Signature of funeral director. John W. Price

(b) Address. Maryville, Mo.

19. (a) Feb - 1 - 41 (b) Mamie E. Clardy  
(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_

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While at work \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature. [Signature] (M. D. or other)

Address. Maryville, Mo. Date signed. Feb 1941

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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.....

*John W. Price*

Licensed Embalmer No. *3229*

P. O. Address.....

*Maryville 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.**