

RECEIVED MAY 15 1941
Registration District No. **744**

Primary Registration District No. **3035**

1. PLACE OF DEATH:

(a) County **Ray**
(b) City or town **Richmond, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **None**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **Six years**
(years, months or days)

3. (a) PRINT FULL NAME **Hattie Mae Blackwell**

3. (b) If veteran, name war **NO** 3. (c) Social Security No. **✓**

4. Sex **Female** 5. Color or race **Black** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Jasper Blackwell** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **August 8, 1904**
(Month) (Day) (Year)

8. AGE: Years **36** Months **7** Days **9** If less than one day _____ hr. _____ min.

9. Birthplace **Nashville, Tennessee**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **George W. Wade**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Jasper Blackwell**

(b) Address **Richmond, Mo.**

17. (a) **Burial** (b) Date thereof **Mar. 17-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sunnyslope**

18. (a) Signature of funeral director **J. B. Brothers**

(b) Address **Richmond, Missouri**

19. (a) **May 8-41** (b) **Malcolm Jackson**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Ray**
(c) City or town **Richmond**
(If outside city or town limits, write "RURAL")
(d) Street No. **315 East Franklin**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **17**,
year **1941** hour **9:10** minute **A.M.**

21. I hereby certify that I attended the deceased from **Jan. 15, 1941** to **March 17, 1941**;
that I last saw her alive on **March 16, 1941**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute myocarditis** Duration **10 da**

Due to **Unknown**

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

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? _____ Means of injury _____

23. Signature **John J. Lane** (M. D. or other M. D.)
Address **Richmond, Mo.** Date signed **5-8-41**

RECEIVED

Licent Health Officer No. 8,

District File Number.....

Date Filed 5-13-41

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.....

J. B. Brothers,
working under my personal supervision.

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

Brothers Funeral Home

Signed J. B. Brothers

Licensed Embalmer No. 3001

P. O. Address Richmond, 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.