DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED SEP 11 1941

X26390

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28430

Registration District No. 360 | Primary Registration District No. 5505 | Registrar's No. 3

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

1. PLACE OF DEATH:

(a) County Hickory

(b) City or town Center - Rural II (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 (Specify whether

In this community 74 - 5 - 13 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Hickory

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

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

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Samuel F. Blackwell

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex M

5. Color or race Wht

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

6. (b) Name of husband or wife Martha Blackwell

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased March (Month) 13 (Day) 1867 (Year)

8. AGE: Years 74 | Months 5 | Days 13 | If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Samuel Blackwell
13. Birthplace (City, town, or county) Tenn (State or foreign country)

MOTHER
14. Maiden name America Walker
15. Birthplace (City, town, or county) Tenn (State or foreign country)

16. (a) Informant Ada Sutt

(b) Address Preston Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/28/41 (Month) (Day) (Year)

(c) Place: burial or cremation Hermitage Mo

18. (a) Signature of funeral director R Luckey

(b) Address Wheatland Mo

19. (a) Sept 2 - 41 (Date received local registrar) (b) Anice McKinley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 26 year 1941 hour 3 minute 00 M.

21. I hereby certify that I attended the deceased from March 6 1941 to only 19 ; that I last saw him alive on March 6 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Starvation - dehydration - senile debility	3 weeks
Due to Cancer of the stomach	6 mo
Due to metastasis from the prostate	1 year
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

51 B

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 C. D. Bailey (M. D. or other) Do

Address Hermitage Mo Date signed Aug 30 41

(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.....

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

working under my personal supervision.

Signed J. R. Lucky.

Licensed Embalmer No. 29-82

P. O. Address Wheatland M

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.