

Registration District No. **378**

Primary Registration District No. **4222**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Howard
(b) City or town Fayette, Iowa
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lee Hosp. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

3. (a) PRINT FULL NAME Edna Pyle Blackwell,

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

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

6. (b) Name of husband or wife John Blackwell, 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased December 20th 1876
(Month) (Day) (Year)

8. AGE: Years 64 Months 9 Days # If less than one day _____ hr. _____ min.

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

10. Usual occupation At home

11. Industry or business _____

MOTHER FATHER { 12. Name Dana Reynolds,
13. Birthplace Missouri, 0
(City, town, or county) (State or foreign country)
14. Maiden name Bird Pyle,
15. Birthplace Missouri, 0
(City, town, or county) (State or foreign country)

16. (a) Informant John Blackwell,

(b) Address Fayette, Mo

17. (a) Burial (b) Date thereof 9-21 st 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery,

18. (a) Signature of funeral director Guy T. Halley.

(b) Address Fayette, Mo.

19. (a) 9-26-41 (b) Anna O. ...
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard, 45-
(c) City or town Fayette,
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 20th
year 1941 hour 17:00 minute 00 M.

21. I hereby certify that I attended the deceased from Sept 1941 to Sept 1941
that I last saw her alive on Sept 19 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Duration 10 minutes

Due to Chr. Cardio-Vascular renal disease 16 mo

Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Major findings: 1312
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) no

(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? _____

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature W. Bloom (M. D. or other) M. D.
Address Fayette, Mo Date signed 9-25-41

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

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 10-13-41

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 _____
_____, Registered Apprentice No. _____
working under my personal supervision.

Signed Guy T. Hallen
Licensed Embalmer No. 2966
P. O. Address Jayette Ave

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.