

No. 2  
1-10-39  
17-39  
X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 32198

FILED OCT 17 1941

Registration District No. 89

Primary Registration District No. 4388

Registrar's No. 89

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

1. PLACE OF DEATH: *Remiccat*

(a) County *Caruthersville*

(b) City or town *Caruthersville*

(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 *5 yrs* \_\_\_\_\_ (Specify whether years, months or days)

3. (a) PRINT FULL NAME *MARY BLACKMON*

3. (b) If veteran, name war *none*

3. (c) Social Security No. *none*

4. Sex *F 3*

5. Color or race *Col*

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased *12 25 1887*

(Month) (Day) (Year)

8. AGE: Years *53* Months *8* Days *9* If less than one day hr. min.

9. Birthplace *Missouri*

(City, town, or county) (State or foreign country)

10. Usual occupation *housekeeper*

11. Industry or business *in home*

12. Name *Simon Reynolds*

13. Birthplace *Missouri*

(City, town, or county) (State or foreign country)

14. Maiden name *Amanda*

15. Birthplace *Missouri*

(City, town, or county) (State or foreign country)

16. (a) Informant *Adell Blackmon*

(b) Address *Caruthersville MO*

17. (a) *Burial* (b) Date thereof *9-7-41*

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation *Caruthersville MO*

18. (a) Signature of funeral director *Smith & Hill*

(b) Address *Ray St. MO*

19. (a) *Sept. 6, 1941* (b) *Ada Martin*

(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: *Remiccat*

(a) State *MO* (b) County *Remiccat*

(c) City or town *Caruthersville MO*

(If outside city or town limits, write "RURAL")

(d) Street No. *E. 13th* (If rural, give location)

(e) If foreign born, how long in U. S. A.? *0* years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *Sept* = *4* day

year *1941* hour *11* minute *25* P.M.

21. I hereby certify that I attended the deceased from *Sept 1* 19*41* to *Sept 4* 19*41*.

that I last saw her alive on *Sept 4* 19*41*; and that death occurred on the date and hour stated above.

Immediate cause of death: *Cerebral thrombosis*

Duration *2 1/2 hrs*

Due to *hypertension (type arteriosclerotic)*

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

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: *none*

Of operations *none*

Of autopsy *none*

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature *C. C. Easter* (M. D. or other) *0 1/2*

Address *Caruthersville, MO* Date signed *9/2/41*

10-41-14

**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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**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.**