

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED FEB 18 1942

Registration District No. 255

Primary Registration District No. 5356

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Davies
(b) City or town Rural, Colfax Twp.
(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 _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Davies
(c) City or town Rural Colfax Twp.
(If outside city or town limits, write "RURAL")
(d) Street No. Rural Colfax Twp.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Frank H. Blackburn.

3. (b) If veteran, name war No 3. (c) Social Security No. none

4. Sex Male 5. Color or White 6. (a) Single, widowed, married, Divorced, Widowed

6. (b) Name of husband or wife Charlott. Dead 6. (c) Age of husband or wife if alive XXXX years

7. Birth date of deceased. Feb. 8 1857
(Month) (Day) (Year)

8. AGE: Years 84 Months II Days 8 If less than one day _____ hr. _____ min.

9. Birthplace Rochester, Wisconsin
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Jesse Blackburn
13. Birthplace England
(City, town, or county) (State or foreign country)
14. Maiden name Cornelia Fields
15. Birthplace Wisconsin
(City, town, or county) (State or foreign country)

16. (a) Informant Helen Blackburn
(b) Address Weatherby, Mo. R. F. D.

17. (a) Burial (b) Date thereof Jan. 18, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Graceland Cem. Cameron, Mo.

18. (a) Signature of funeral director O. O. Moore
(b) Address Cameron, Mo.

19. (a) 1-18-42 (b) L. C. Jackson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 16th.
year 1942 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from Dec 1, 1941 to Jan 16, 1942
that I last saw him alive on Jan 15, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis, chronic.

Due to _____
Due to _____

Other conditions Bronchial pneumonia
(Include pregnancy within 3 months of death)

Major findings: Hypertrophied prostate
Of operations _____

Of autopsy 1370

Duration Several years
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 6

23. Signature Fred. W. Wilson (M. D. or other) _____
Address Winston, Mo. Date signed 1-17-42

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

1
0
0

1084

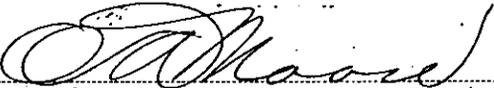
11809

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. 11809

P. O. Address Cameron, 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.