

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

2914

State File No. _____

FILED FEB 20 1942 580

Registration District No. _____

Primary Registration District No. 5777

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Monroe
(b) City or town Ship of Union Ind
(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)

3. (a) PRINT FULL NAME Marshall Lee Blackwell Jr.

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

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased Jan 4th 1942
(Month) (Day) (Year)

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

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

10. Usual occupation _____

11. Industry or business _____

12. Name Marshall L. Blackwell

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

14. Maiden name Wilena Daughenbaugh

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

16. (a) Informant J. S. Blackwell

(b) Address Merely Mo

17. (a) Burial (b) Date thereof Jan 28th 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Middle Grove Mo

18. (a) Signature of funeral director Mahan and Son

(b) Address Merely

19. (a) 1/28/42 (b) City of Merely
(Date received local registrar) (City or town, or county)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monroe
(c) City or town Ship of Union
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 27th year 1942 hour 5 minute P.M.

21. I hereby certify that I attended the deceased from Jan 27th 1942 to Jan 27 1942
that I last saw him alive on Jan 27 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia in both lungs. Duration 3 days

Due to _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 2

23. Signature J. P. Ramey D.D. (as D. or other)

Address Madison Mo Date signed 1/28/42

Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number

242-315

Date Filed

FEB 19 1942

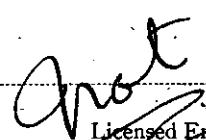
STATEMENT BY LICENSED EMBALMER

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, fact should be so stated above.