

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAR 18 1942

Registration District No. _____

Primary Registration District No. 4462

Registrar's No. 3

1. PLACE OF DEATH:

- (a) County St. Francois
 (b) City or town Bismarck
 (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 life
 years, months or days)

8. (a) PRINT FULL NAME Arthur Blackwell

8. (b) If veteran, # _____ 8. (c) Social Security # _____
 name war _____ No. _____

4. Sex male 5. Color or white 6. (a) Single, widowed, married, single
 race _____ white single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
 alive _____ years
 7. Birth date of deceased Sept. 22 1940
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 4 29 _____ hr. _____ min.

9. Birthplace Bismarck Missouri
 (City, town, or county) (State or foreign country)
 10. Usual occupation none

11. Industry or business _____

- MOTHER FATHER { 12. Name Arthur L. Blackwell
 13. Birthplace Bonne Terre Mo. E
 (City, town, or county) (State or foreign country)
 14. Maiden name Myrtle Crocker
 15. Birthplace Bixby Mo. C
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Arthur Blackwell
 (b) Address Bismarck Mo.
 17. (a) burial (b) Date thereof 2/22/42
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Bismarck Mo.
 18. (a) Signature of funeral director White & Hill
 (b) Address Bismarck Mo.
 19. (a) 2-24-42 (b) Byrdie S. Bismarck
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County St. Francois
 (c) City or town Bismarck
 (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 Feb day 21
 year 1942 hour 12 minute 45 A. M.

21. I hereby certify that I attended the deceased from
1-30, 1942 to 2-21, 1942
 that I last saw him alive on 2-19-, 1942
 and that death occurred on the date and hour stated above.

- Immediate cause of death Bronchial
asthma
 Due to Bronchial Pneumonia

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

- Major findings: _____
 Of operations _____
 Of autopsy _____

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 Jos. N. Hoffman (M. D. or other)
 Address Bismarck Date signed 2/22/42

Mr Birdie Bussister

RECEIVED

District Health Officer No. 4
File Number 342-295
3-11-42

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.....

was not embalmed....., Registered Apprentice No.....

working under my personal supervision.

Signed Amelia White.....

Licensed Embalmer No. 3012.....

P. O. Address San Antonio, Tex......

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.