

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

14906

FILED MAY 20 1942

Registration District No. 5722/022

Primary Registration District No. 5732

State File No. ....

Registrar's No. 60

1. PLACE OF DEATH:

(a) County Maries  
(b) City or town Rural - Dry Creek - Sup  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Near Dixon  
(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 John Lewis Blackwell

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Minnie Blackwell 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased June 28, 1866  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
75 9 26 hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Richard Blackwell  
13. Birthplace Missouri (City, town, or county) (State or foreign country)  
14. Maiden name Margaret Perkins  
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. John Blackwell  
(b) Address Dixon, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/26/42  
(Month) (Day) (Year)

(c) Place: burial or cremation Kenner Cemetery  
Fred R. Gilbert

18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address Dixon, Mo.

19. (a) 5-1-42 (Date received local registrar) (b) Erma Bassett (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 24 year \_\_\_\_\_ hour \_\_\_\_\_ minute 10 P. M.

21. I hereby certify that I attended the deceased from Nov. 1st 1942 to 4-24-42 that I last saw him alive on 3-10-42 and that death occurred on the date and hour stated above.

Immediate cause of death Initial myocardial infarction  
Due to arterio-sclerosis

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) 92 lb

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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 W. J. Greider (M. D. or other) Dixon, Mo. Date signed 4/24/42

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

**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.....  
April 25, 1942....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Fred W. Gilman*

Licensed Embalmer No..... 2341.....

P. O. Address..... Dixon, 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.**