

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

21041

State File No.

Registrar's No.

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County Dent
(b) City or town x Norman
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 x
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution x
(Specify whether years, months or days)
In this community most of her life

3. (a) PRINT FULL NAME Jennie Blackwell

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

4. Sex female 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife J. Wiley Blackwell 6. (c) Age of husband or wife if alive 87 years

7. Birth date of deceased July 1 1859
(Month) (Day) (Year)

8. AGE: Years 82 Months 9 Days 24 If less than one day hr. min.

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

10. Usual occupation housewife

11. Industry or business x

MOTHER FATHER { 12. Name Jacob Sitler
13. Birthplace Holland
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Wisner
15. Birthplace Earl B. Blackwell
(City, town, or county) (State or foreign country)

16. (a) Informant Earl B. Blackwell
(b) Address Salem Mo

17. (a) burial (b) Date thereof June 27 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cedar Grove

18. (a) Signature of funeral director Chas. H. Hines

(b) Address Salem Mo

19. (a) 6-27-42 (b) Gas W. McLesdy
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dent
(c) City or town Dent Rural
(If outside city or town limits, write "RURAL")
(d) Street No. x
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25th
year 1942 hour 3 minute 20 M.

21. I hereby certify that I attended the deceased from April
24 1940 to June 17 1942
that I last saw him alive on June 5 1942
and that death occurred on the date and hour stated above.
Immediate cause of death Phosphorus
Duration

Due to Phosphorus

Due to 1

Other conditions (Include pregnancy within 3 months of death) 83a

Major findings: Of operations

Of autopsy 40

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 name of place) (Specify means of injury)

23. Signature Chas. H. Hines (M. D. or other)

Address Salem Mo Date June 27, 1942

RECEIVED

District Health Officer No. 5,

District File Number

Date Filed

742404
7-17-42

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 _____

Registered Apprentice No. _____

working under my personal supervision.

Signed

Carl H. [Signature]

Licensed Embalmer No.

2370

P. O. Address

John W. [Signature]

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.