

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

BUREAU OF THE CENSUS  
FILED JUL 20 1942

Registration District No. 266

Primary Registration District No. 4164

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Dent  
(b) City or town Salem  
(c) Name of hospital or institution: X  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution X  
In this community most of her life  
years, months or days

3. (a) PRINT FULL NAME Virginia Etta Blackwell

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

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

6. (b) Name of husband or wife X 6. (c) Age of husband or wife if alive X years

7. Birth date of deceased June 10 1923  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
18 7 15 hr. min.

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

10. Usual occupation schoolgirl

11. Industry or business C

12. Name Delph D Blackwell

13. Birthplace Dent Co Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Marie Bell

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

16. (a) Informant Wagneta Baker  
(b) Address Salem Mo

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

(c) Place: burial or cremation Cydr Grove Cem

18. (a) Signature of funeral director Carl J. Jinner

(b) Address Salem Mo

19. (a) 1-26-42 (b) A. E. Butler  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dent  
(c) City or town Salem  
(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. X years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 25  
year 1942 hour 9 minute 15 A. M.

21. I hereby certify that I attended the deceased from --- 19 --- to --- 19 ---

that I last saw him alive on --- and that death occurred on the date and hour stated above.

Immediate cause of death Self Inflicted

Due to Self Inflicted

Due to Self Inflicted

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

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) Suicide

(b) Date of occurrence Jan 25 1942

(c) Where did injury occur at home  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

While at work --- (Specify type of place) (e) Means of injury Distal

23. Signature A. E. Butler (M. D. or other) M.D.

Address Salem Mo Date signed Jan 26 1942

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

RECEIVED

District Health Officer-No. 5,

District File Number 442-300

Date Filed 7-17-49

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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 Wm. W. McDonald

Licensed Embalmer No. 3806

P. O. Address Salem, 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, above space should be left blank.