

Registration District No. 324

Primary Registration District No. 3072

Registrar's No. 158

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Marshall City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 472 So. Grant
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 16 yr
years, months or days) (Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Saline
(c) City or town Marshall
(If outside city or town limits, write "RURAL")
(d) Street No. 472 So. Grant
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME LELIA OLIVEBLACKERBY

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

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

6. (b) Name of husband or wife Richard G. Blackerby 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Apr - 16 - 1900
(Month) (Day) (Year)

8. AGE: Years 42 Months 5 Days 28 If less than one day
hr. min.

9. Birthplace Road House Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Joseph Sorrels

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

14. Maiden name England

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

16. (a) Informant Richard G. Blackerby
(b) Address Marshall Mo

17. (a) Burial (b) Date thereof Oct - 16 - 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ridge Park Cem. Marshall Mo

18. (a) Signature of funeral director Harry Herberger
(b) Address Marshall Mo
19. (a) Oct 16 42 (b) Mrs T. O. Lebesch
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 14
year 1942 hour 3 minute 30 A M.

21. I hereby certify that I attended the deceased from Oct 5 - 1942
to Oct 13 1942
that I last saw him alive on Oct 13 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia following influenza
Due to.....

Duration 10 days

Other conditions (include pregnancy within 3 months of death) B30

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?

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

23. Signature E. C. Tracy (M. D. or other) MD
Address Marshall Mo Date signed 10/16/42

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

97
2

RECEIVED

District Health Officer No. 8,

File Number _____

11-10-42

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 _____

Harry E. Hershberger

Registered Apprentice No. *334*

working under my personal supervision.

Signed *Fred Wilkinson*

Licensed Embalmer No. *2478*

P. O. Address *Clinton, Ma*

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.