

FILED JAN - 8 1943

State File No.

Registration District No. 33

Primary Registration District No. 3010

Registrar's No. 367

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

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1006 So. Ellis St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 1
(Specify whether years, months or days)

In this community about 38 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Minnie C. Blackwood

3. (b) If veteran, name war.

3. (c) Social Security No. ✓

4. Sex Female

5. Color or race white

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Grant Blackwood

6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased Dec. 21, 1870
(Month) (Day) (Year)

8. AGE: Years 72 Months 0 Days 8 If less than one day hr. min.

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

10. Usual occupation housewife

11. Industry or business

MOTHER, FATHER { 12. Name Thomas Sequin

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

14. Maiden name Rutha Benedict

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

16. (a) Informant Mrs. Will Kuenemann

(b) Address Cape Girardeau, Mo.

17. (a) Burial (b) Date thereof 12-31-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lavinier Cent

18. (a) Signature of funeral director R. R. Haman

(b) Address Cape Girardeau

19. (a) 1-4-43 (b) F. M. Phelps
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau

(c) City or town Cape Girardeau 16
(If outside city or town limits, write "RURAL")

(d) Street No. 1006 So. Ellis St. 1
(If rural, give location) 4

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 29 day
year 1942 hour 6 minute 46 P.M.

21. I hereby certify that I attended the deceased from October 1, 1942 to Dec 29, 1942
that I last saw her alive on Dec 29, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 4 days
terminal attack

Due to Cerebral hemorrhage
Paraplegia 1940 - 1942

Due to

Other conditions (include pregnancy within 3 months of death)

Major findings George W. Stalker

Of operations § 301

Of autopsy

PHYSICIAN George W. Stalker
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 _____ (a) Means of injury _____

23. Signature George W. Stalker (M.D. or other) _____
Address Cape Girardeau Mo Date signed 1/30/43

1014

District Health Officer No. 4
District File Number 43-1620
Date Filed 1-7-43

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

Edward P. Haman

Licensed Embalmer No.

4122

P. O. Address

Cape Girardeau, 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.