

FILED MAR 12 1943

Registration District No. 287

Primary Registration District No. 4499

Registrar's No. 20

1. PLACE OF DEATH:
(a) County Shelby
(b) City or town Shelbina
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 50 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Willie Catharine Blackburn
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July 21 1886 (Month) (Day) (Year)

8. AGE: Years 86 Months 6 Days — If less than one day hr. min.

9. Birthplace Monroe Co Mo (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Samuel C. Cox
13. Birthplace Va (City, town, or county) (State or foreign country)
14. Maiden name Mary F. Jasley
15. Birthplace Va (City, town, or county) (State or foreign country)

16. (a) Informant M. Blackburn
(b) Address Shelbina Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 23 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Shelbina Mo

18. (a) Signature of funeral director Shelbina Mo
(b) Address Shelbina Mo
19. (a) March 4 43 (Date received local registrar) (b) Madge Jacob (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Shelby
(c) City or town Shelbina (If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 21 year 1943 hour 9 minute 9 M.
21. I hereby certify that I attended the deceased from May 1942 to 1-21-43 that I last saw her alive on 1-21-43 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis Duration 18 Mo.

Due to
Due to

Other conditions Chronic Bronchitis (Include pregnancy within 3 months of death)

Major findings: Of operations 1318
Of autopsy

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 Chas. M. Wood (M. D. or other) Shelbina Mo Date signed 1-21-43
Address

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

RECEIVED

District Health Officer No. 10

District File Number 3-43-489

Date Filed MAR 18 1949

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.....

Licensed Embalmer No. 1437

P. O. Address.....

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.