

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

11118

Registration District

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Pike
(b) City or town Buffalo (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Rural near Stark, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether
In this community Lifetime years, months or days)

3. (a) PRINT
FULL NAMEJames G. Blackwell3. (b) If veteran,
name war L3. (c) Social Security
No. L

4. Sex Male 5. Color or White
Race White 6. (a) Single, widowed, married,
divorced Married
6. (b) Name of husband or wife Helena Blackwell 6. (c) Age of husband or wife if
alive 62 years
7. Birth date of deceased August 29 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 6 3 hr. min.

9. Birthplace Pike Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer11. Industry or business Farm

12. Name Samuel Blackwell
13. Birthplace Lewis County Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Rebecca Ann Burns
15. Birthplace Pike Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Helena Blackwell
(b) Address Blacksville Mo
17. (a) Burial (b) Date thereof Mar. 4 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Louisiana, Mo.18. (a) Signature of funeral director W. L. Starnes(b) Address Louisiana, Missouri

19. (a) 3-3-43 (b) GC Haley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike
(c) City or town Rural Clarksville Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. Main Street
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country L

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2
year 1943 hour 6:00 minute A M.

21. I hereby certify that I attended the deceased from July
1936, to March 2, 1943;
that I last saw him alive on March 1st, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Paralysis agitans
Duration 7 yrs

Due to Unknown cause

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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 E. M. Bailey (M. D. or other)
Address Clarksville Mo. Date signed 3/3/43

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

APR 11 4 10 PM '43

OCT 13 1943

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.....

J. B. Sterne

Licensed Embalmer No. *4039*

P. O. Address *Louisiana, 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.