

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18166
State File No.
Registrar's No. 34

FILED JUN 11 1942

Registration District No. 163

Primary Registration District No. 5596

1. PLACE OF DEATH:

(a) County Jefferson
(b) City or town De Soto ms Rural Route 3
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
no Rural 1 Route Route 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME JOHN BLACKWELL

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

4. Sex M 5. Color or Race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife ella Cole Blackwell 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased October 4 1870
(Month) (Day) (Year)

8. AGE: Years 72 Months 7 Days 11 If less than one day hr. min.

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

10. Usual occupation Farming

11. Industry or business
12. Name Guilla Blackwell
13. Birthplace Jefferson Co Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Waller Coleman
15. Birthplace Washington Co Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Roscoe B Blackwell
(b) Address Bonne Terre Mo

17. (a) Burial (b) Date thereof 5-18-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Francis Memorial

18. (a) Signature of funeral director Benham 2nd Co
(b) Address 313 Benham Bonne Terre Mo

19. (a) 5-18-43 (b) Fern Opensen
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson
(c) City or town De Soto
(If outside city or town limits, write "RURAL")
(d) Street No. Rural Route 3
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15th
year 1943 hour 3 minute 30 P. M.
21. I hereby certify that I attended the deceased from Nov 28
1942, to May 15 1943
that I last saw him alive on May 15 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-Vascular collapse

Due to Longstanding mitral regurgitation
Due to Rapid loss of compensation

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 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?

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

23. Signature B. M. Nantz (M. D. or other) DD
Address Bonne Terre Mo Date signed 5/17/40

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

MOTHER FATHER

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.....

Clarence J. Claywell

Licensed Embalmer No.....

3706

P. O. Address.....

Bonne Terre 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.