

FILED JUN 11 1948  
Registration District No. 23

Primary Registration District No. 5810

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

1. PLACE OF DEATH:

(a) County Montgomery Co.  
 (b) City or town Bluffton, Mo. Rural-Louise  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: YX  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution YX  
 In this community 2 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: Montgomery 70  
 (a) State Missouri (b) County Montgomery  
 (c) City or town Bluffton, Mo. Rural  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. .... (If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country 0

3. (a) PRINT FULL NAME Mrs. Jane P. Blackmore.

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

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife B.F. Blackmore. 6. (c) Age of husband or wife if alive XX years  
 7. Birth date of deceased Nov 23rd 1888  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>87</u>	<u>5</u>	<u>18</u>	hr. .... min.

9. Birthplace New Bloomfield, Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business

MOTHER FATHER { 12. Name Robert Taylor Nichols.  
 { 13. Birthplace New Bloomfield, Mo. 0  
 { 14. Maiden name Mary F. Howe.  
 { 15. Birthplace New Bloomfield, Mo. 0  
 (City, town, or county) (State or foreign country)

16. (a) Informant A Cloumbie, Mo.

(b) Address Bethon.

17. (a) Burial (b) Date thereof May 13th 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethon.

18. (a) Signature of funeral director Walter Barton  
(b) Address Americus, Mo.

19. (a) May 13-43 (b) Mrs. Virginia Lichte  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11  
 year 1948 hour 12 minute 30 P. M.  
 21. I hereby certify that I attended the deceased from Feb 1  
 1941 to May 11 1948  
 that I last saw her alive on May 5 1948  
 and that death occurred on the same date and hour stated above.

Immediate cause of death Parenchymatous Duration 3 yr

Due to Senility  
 Due to 30 yr  
 Other conditions (include pregnancy within 3 months of death)

PHYSICIAN  
 Major findings: 30 yr  
 Of operations  
 Of autopsy

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

48 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 O.P. Rauscherbach (M. D. or other)  
Rhine land Mo Date signed 5-18-48

**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.....  
.....**D.B. Baker**....., Registered, Apprentice No.....  
working under my personal supervision.

Signed *D B Baker*  
.....  
..... Licensed Embalmer No. **3375**.....

P. O. Address **Americus, 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.**