

Registration District No. **147**

Primary Registration District No. **3008**

Registrar's No. **205**

1. PLACE OF DEATH:

(a) County **Callaway**
(b) City or town **Tulston**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **State Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **6-8-40**
(Specify whether years, months or days)

In this community, years, months or days

3. (a) PRINT FULL NAME **A. J. Blackwell**

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

4. Sex **Male** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Marjorie Blackwell** 6. (c) Age of husband or wife if alive **DK** years
7. Birth date of deceased **Oct 19 1870**
(Month) (Day) (Year)

8. AGE: Years **69** Months **8** Days **18** If less than one day
.....hr. min.

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

10. Usual occupation **Lab**

11. Industry or business

12. Name **Richard Blackwell**
13. Birthplace **Mo** (City, town, or county) (State or foreign country)
14. Maiden name **Ely Beth Perkins**
15. Birthplace **Mo** (City, town, or county) (State or foreign country)

16. (a) Informant **Record**

(b) Address

17. (a) **Removal** (Burial, cremation, or removal) (b) Date thereof **7-6-43**
(Month) (Day) (Year)

(c) Place: burial or cremation **Gasconade Mo**

18. (a) Signature of funeral director **Hugo H. Blumer**

(b) Address **Harrison Mo**

19. (a) **7-6-1943** (Date received local registrar) (b) **Joice M. Moulton** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Gasconade**
(c) City or town **Gasconade** 2
(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 **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **6th**
year **1943** hour **12** minute **30** a. M.

21. I hereby certify that I attended the deceased from **11-20-1942** to **7-5-1943**

that I last saw him alive on **7-5-1943** and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic**
intermittent myocarditis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

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 **E. I. Reese** (M. D. or other)

Address **Tulston Mo**

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

PHYSICIAN
Underline the cause to which death should be charged statistically.

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.....

.....
working under my personal supervision.

Registered Apprentice No.....

Signed.....

Licensed Embalmer No. 3160

P. O. Address Reinham 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.