

FILED NOV 6 1943

Registration District No. 2

Primary Registration District No. 45009

Registrar's No. 116

1. PLACE OF DEATH:

(a) County Andrew
(b) City or town Savannah
(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 _____ (Specify whether _____)
In this community 70 yrs. (Specify whether _____)
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew
(c) City or town Savannah Mo
(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 _____

3. (a) PRINT FULL NAME IDA 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 W

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 29 - 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 4 17 _____ hr. _____ min.

9. Birthplace Highland Co Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Retired postmistress

11. Industry or business _____

MOTHER FATHER

12. Name un known
13. Birthplace un known
(City, town, or county) (State or foreign country)
14. Maiden name un known
15. Birthplace un known
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Mary Kelley

(b) Address Savannah

17. (a) 8 (b) Date thereof 10 - 18 - 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Savannah

18. (a) Signature of funeral director E. C. Breit

(b) Address Savannah Mo

19. (a) 10-18-43 (b) J. H. Fritchman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 16
year 1943 hour 9:45 minute _____ P.M.

21. I hereby certify that I attended the deceased from Oct 16th 1943, to Oct 16th 1943; that I last saw her alive on Oct 16th 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction
Duration 3 hours

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 Ralph P. Miller (M. D. or other) _____
Address Savannah Mo Date signed 10-17-43

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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 E. C. Breit

Licensed Embalmer No. 2650

P. O. Address Savannah 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.