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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Haley 42821
State File No.

FILED JAN 10 1943

Primary Registration District No. 3038

Registrar's No. 277

1. PLACE OF DEATH:

(a) County Linn

(b) City or town Brookfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mc Larney Hospital
(If not in hospital or institution, write street number of location)

(d) Length of stay: In hospital or institution 20 hours (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn

(c) City or town Brookfield
(If outside city or town limits, write "RURAL")

(d) Street No. 812 Hansen Ave
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME HARRY-LEROY-BLACKBURN

MEDICAL CERTIFICATION

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

20. DATE OF DEATH: Month Dec day 26 year 1943 hour 5 minute 20A.M.

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced married

(b) Name of husband or wife Cora Blackburn 6. (c) Age of husband or wife if alive 24 years

7. Birth date of deceased August 30 - 1916
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 25, 1943 to Dec 26, 1943
that I last saw him live on Dec 26, 1943
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

27 3 26 hr. min.

Immediate cause of death Gastric Ulcer Duration 3 yrs.

Due to peritonitis from perforation of gastric ulcer 2 d

Due to gastric ulcer

Other conditions 117a

(Include pregnancy within 3 months of death)

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

10. Usual occupation School Bus Driver

11. Industry or business _____

Major findings: Perforated Gastric Ulcer

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

12. Name William Harrison Blackburn

13. Birthplace Linn County Mo
(City, town, or county) (State or foreign country)

14. Maiden name Eunice Bales

15. Birthplace Sullivan County - Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Ray Blackburn

(b) Address Brookfield

17. (a) Burial (b) Date thereof 12-30-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rose Hill Brookfield Mo

18. (a) Signature of funeral director Hill Chapel

(b) Address Brookfield

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 Ray Blackburn (M. D. or other) med
Address Brookfield Date signed 12-29

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

J. W. Blacklock

Licensed Embalmer No. *2246*

P. O. Address *Brookfield 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.