

No. 2
1-4-41
17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **6551**
Registrar's No. **124**

FILED FEB 24 1942
Registration District No. **1003**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
(a) County **Buchanan**
(b) City or town **St. Joseph**
(c) Name of hospital or institution **1823 West 1**
(d) Length of stay: In hospital or institution **2 mo. 1 wk**
In this community **abt 5 mos.**

2. USUAL RESIDENCE OF DECEASED:
(a) State **MO** (b) County **Henry**
(c) City or town **King City, MO**
(d) Street No. _____
(e) Citizen of foreign country? _____

3. (a) PRINT FULL NAME **LAWRENCE B. BLACKLOCK**
(b) If veteran, name war **No**
(c) Social Security No. **No**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Jan** day **25**
year **1942** hour **7:00** minute **a.** M.
21. I hereby certify that I attended the deceased from **Nov. 23, 1943**
to **Jan. 22, 1944**
that I last saw him alive on **Jan. 22**
and that death occurred on the date and hour stated above.
Immediate cause of death **Syngomyelia**
Duration **9 mo.**

4. Sex **M** 5. Color or race **W**
6. (a) Single, widowed, married, divorced **wid**
(b) Name of husband or wife **Mrs. Gertrude Elizabeth**
6. (c) Age of husband or wife if live _____ years
7. Birth date of deceased **Aug 28, 1874**

8. AGE: Years **69** Months **4** Days **28**
If less than one day _____ hr. _____ min.

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

10. Usual occupation **Farmer**

11. Industry or business _____

MOTHER FATHER { 12. Name **Thomas Blacklock**

13. Birthplace **Scotland**
(City, town, or county) (State or foreign country)

14. Maiden name **Jessie Crawford**

15. Birthplace **Scotland**
(City, town, or county) (State or foreign country)

16. (a) Informant **Bertha Angell**
(b) Address _____

17. (a) **PC** (b) Date thereof **Jan 29, 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **King City, MO**

18. (a) Signature of funeral director **Charles H. Werner**
(b) Address **St. Joseph, MO**

19. (a) **1-27-42** (b) **Charles H. Werner**
(Date received local registrar) (Registrar's signature)

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy **0**

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? _____
(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 **Charles H. Werner** M. D. or other _____
Address **221 Kirkpatrick Bldg.** Date signed **1/25**

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

1233

(Licensed Embalmer's Statement on Reverse Side) St. Joseph, Mo.

194

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.....

Joseph Roy Staines

Licensed Embalmer No. *2435*

P. O. Address *St. Joseph*

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.