

FILED APR 8 1944

State File No.

Registration District No. 77

Primary Registration District No. 3008

Registrar's No. 91

1. PLACE OF DEATH:

(a) County Callaway
(b) City or town Fulton
(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 34-8 Mo-2d
In this community 34-8 Mo-2d (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mamie Lazine Blackwell

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 Married

6. (b) Name of husband or wife N.T. BLACKWELL 6. (c) Age of husband or wife if alive 21 years

7. Birth date of deceased April 21-1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 10 15 hr. min.

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

10. Usual occupation Housewife

11. Industry or business...

MOTHER FATHER { 12. Name Louie Runge
13. Birthplace Kennett 4
(City, town, or county) (State or foreign country)
14. Maiden name Laphie Bowers
15. Birthplace Mo.
(City, town, or county) (State or foreign country)

16. (a) - Informant Records

(b) Address

17. (a) BURIAL (b) Date thereof 3-10-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OWENSVILLE CITY CEM.

18. (a) Signature of funeral director MILFORD WINTER

(b) Address OWENSVILLE MO

19. (a) 3-5-1944 (b) Joan Mossackhoff
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Gassaway
(c) City or town Owensville
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? YES (No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 7
year 1944 hour 7:20 minute P M.

21. I hereby certify that I attended the deceased from 2-8-43 to 3-7-44
that I last saw her alive on 3-7-44
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis with acute Corbise Decompensation
Duration 2

Due to
Other conditions Cerebral Arteriosclerosis 6 yrs
(Include pregnancy within 3 months of death)

Major findings: Of operations 93d
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 K.E. Sherwill (M. D. or other) 0
Address Fulton, Mo Date signed 3/7/44

APR 30 1948

MAY 29 1948

RECEIVED -

District Health Officer No. 9,

District File Number

Date Filed 4-6-44

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed

Wilford H. H. Winter

Licensed Embalmer No.

3838

P. O. Address

Owensville, 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.