S. No. 2
M—8-43
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 14 1944

Registration District No. 578

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11927

Primary Registration District No. 6074

Registrar's No. 2

1. PLACE OF DEATH:
(a) County ST FRANCOIS
(b) City or town LEAD WOOD Township
(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 46 yr
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County ST FRANCOIS
(c) City or town LEADWOOD
(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 THOMAS William BLACKWELL

3. (b) If veteran, name war .....

3. (c) Social Security No. 493-03-9669

4. Sex MALE | 5. Color or race WHITE | 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife CARRIE BLACKWELL

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased APRIL (Month) 5 (Day) 1897 (Year)

8. AGE: Years 46 | Months 11 | Days 19 | If less than one day ..... hr. ..... min.

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

10. Usual occupation WATCHMAN

11. Industry or business ST JOSEPH LEAD Co.

MOTHER FATHER
12. Name WEST BLACKWELL
13. Birthplace MO (City, town, or county) (State or foreign country)
14. Maiden name MARY DOTSON
15. Birthplace MO (City, town, or county) (State or foreign country)

16. (a) Informant CARRE BLACKWELL
(b) Address LEADWOOD MO.

17. (a) BURAL (Burial, cremation, or removal) (b) Date thereof ..... (Month) (Day) (Year)
(c) Place: burial or cremation BIG RIVER IRONDALE

18. (a) Signature of funeral director J. S. BOYER & Son
(b) Address Leadwood Mo.

19. (a) 4-7-44 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24 year 1944 hour 5 minute A M.

21. I hereby certify that I attended the deceased from 9/20 43, to 3/24 44, that I last saw him alive on 5/22 1944, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic nephritis	1 year
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

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

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? (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature J. P. Yeargain (M. D. or other)
Address Irondale Date signed 3-25-44

1373 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 44-3720

Date Filed 4-12-44

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Bert L. Boyer

Licensed Embalmer No. 3445

P. O. Address Ladiwood 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.