

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

0031

State File No. \_\_\_\_\_

FILED MAR 15 1945

Registration District No. 118

Primary Registration District No. 5437

Registrar's No. 117

1. PLACE OF DEATH:

(a) County Gasconade  
(b) City or town Red Bird, Bountree Twp. (Parish)  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Residence  
(If not in hospital or institution, write street number or location) 1  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 1 year years, months or days

3. (a) PRINT FULL NAME Bertha Ethel Blackwell

3. (b) If veteran, name was no 3. (c) Social Security No. unknown

4. Female 5. Color or race white 6. (a) Single, widowed, married divorced married  
6. (b) Name of husband or wife Orville Blackwell 6. (c) Age of husband or wife if alive 36 years  
7. Birth date of deceased Sept. 3 1911  
(Month) (Day) (Year)

8. AGE: Years 33 Months 5 Days 12 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace West Plains mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

12. Name Wm. Power

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

14. Maiden name Rosa Lee Allen

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

16. (a) Informant Orville Blackwell

(b) Address Bland, mo

17. (a) Burial (b) Date thereof 2-18-1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mountain Grove, mo

18. (a) Signature of funeral director Stapp Funeral Home

(b) Address Mountain Grove, mo

19. (a) February 15, 1945 (b) Myth M. Wenzel  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Gasconade  
(c) City or town Red Bird, Rural Bountree Twp.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2 mi South of Red Bird  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country " "

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 15  
year 1945 hour 6 minute 25 A.M.

21. I hereby certify that I attended the deceased from March 14, 1945, to Feb. 14, 1945  
that I last saw her alive on Feb. 14, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Adhesions involving 4th Ventricle causing obstruction Duration 1 yr.  
Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \$10  
(Include pregnancy within 3 months of death)

Major findings: Adhesions involving 4th Ventricle possibly inflamed PHYSICIAN \_\_\_\_\_  
Of operations Adhesions involving 4th Ventricle possibly inflamed  
Of autopsy None

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 Car

23. Signature Paul A. Borman (M. D. or other) MD

Address Owensville, Mo. Date signed 2-15-45

RECEIVED

District Health Officer No. 9

District File Number

Date Filed 3-13-45

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

Robert M. Murray

Licensed Embalmer No. 3749

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.