

**FILED MAR 12 1945**  
Registration District No. **277**

Primary Registration District No. **4411**

Registrar's No. **6**

1. PLACE OF DEATH:

(a) County **Pike**  
(b) City or town **Bowling Green**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution **Locust**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **No** (Specify whether years, months or days)  
In this community **30 yrs.**

3. (a) PRINT FULL NAME **Henry Y. Blackwell**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Olis Blackwell** 6. (c) Age of husband or wife if alive **Sept. 29-1872**  
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years **72** Months **4** Days **10** If less than one day hr. min.

9. Birthplace **Near Clarksville Mo** (City, town, or county) (State or foreign country)

10. Usual occupation **Retired Blacksmith**

11. Industry or business

12. Name **Marcus Blackwell**  
13. Birthplace **Levin Co Mo.** (City, town, or county) (State or foreign country)  
14. Maiden name **Elizabeth Yowell**  
15. Birthplace **Levin Co Mo.** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Olis Blackwell**

(b) Address **Bowling Green**

17. (a) **Burial** (b) Date thereof **2-14-1945** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bowling Green Mo**

18. (a) Signature of funeral director **H.B. Elmore**

(b) Address **Bowling Green Mo.**

19. (a) **Feb 20 45** (b) **Mrs Frank Jordan** (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Pike**  
(c) City or town **Bowling Green** (If outside city or town limits, write "RURAL")  
(d) Street No. **Locust** (If rural, give location)  
(e) Citizen of foreign country? **No.** (Yes or No)  
If yes, name country **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** Day **11th** Year **1945** hour **10:45** minute **00** M.

21. I hereby certify that I attended the deceased from **Jan. 10th** to **Feb 11th** 19**45** that I last saw him alive on **Feb. 10th** 19**45** and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary occlusion**

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?

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

23. Signature **J.R. Ryan, M.D.** (M. D. or other) Address **Bowling Green, Mo.** Date signed **2/12/45**

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

RECEIVED

District Health Officer No. 10

District File No. 3-45-435

Date Filed MAR 8 1945

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..... *W. B. Elmore*

Licensed Embalmer No. 3466

P. O. Address *Bowling Green*

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.