

FILED APR 3 1945

State File No.

Registration District No. 383

Primary Registration District No. 2655

Registrar's No. 25

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Mount Vernon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri State Sanatorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1270 days
In this community 1270 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Ruby Mae Blackwell

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

4. Sex Female / 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive 8 years 1912
7. Birth date of deceased May (Month) 8 (Day) 1912 (Year)

8. AGE: Years 32 Months 9 Days 24
If less than one day hr. min.

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

10. Usual occupation Teacher

11. Industry or business School

MOTHER FATHER

12. Name Charles Blackwell
13. Birthplace Salisbury Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Josie Herring
15. Birthplace Salisbury Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant E. McMichael, Record Clerk
(b) Address Mo. State San., Mount Vernon, Mo

17. (a) Removal (b) Date thereof Mar 4 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salisbury, Mo.

18. (a) Signature of funeral director Chas. B. Winkelmeyer

(b) Address Salisbury, Mo.

19. (a) 3-10-45 (b) Jamy Cantel
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Chariton
(c) City or town Salisbury
(If outside city or town limits, write "RURAL")
(d) Street No. 8
(If rural, give location)
(e) Citizen of foreign country? / (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4
year 1945 hour 7 minute 30 AM.

21. I hereby certify that I attended the deceased from September 11, 1941 to March 4, 1945;
that I last saw h. er alive on March 4, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis
Duration over 6 yrs

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) (c) Means of injury

23. Signature J. F. ... (M. D. or other) med.

Address State Sanatorium, Mt Vernon Date signed 3-8-45

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

RECEIVED
District Health Officer No. 6;
District File Number 445-388
Date Filed APR 2 1945

JAN 28 1954

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 _____

Chas B Winkebecker

Licensed Embalmer No. 3842

P. O. Address Salisbury 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.