

FILED MAR 23 1945

Registration District No. 3357

Primary Registration District No. 6218

Registrar's No. 34

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Rural Dover Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 50 yrs
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Vernon
(c) City or town Rural Dover Township
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME WALTER TONY BLACKMAN

(b) If veteran, name war No (c) Social Security No. none

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Single

(b) Name of husband or wife (c) Age of husband or wife if alive years

7. Birth date of deceased July 25 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 6 15 hr. min.

9. Birthplace Bates co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name J. C. Blackman

13. Birthplace unknown South Carolina
(City, town, or county) (State or foreign country)

14. Maiden name Lily Florence Walters

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

16. (a) Informant Frank Blackman

(b) Address Sheldon Mo

17. (a) Burial (b) Date thereof Feb. 12 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oliver Branch

18. (a) Signature of funeral director G. B. Berry & Sons

(b) Address Sheldon Mo

19. (a) 2/13-44 (b) 2/13/45
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 10
year 1945 hour 10 minute 30 AM

21. I hereby certify that I attended the deceased from 2-5-45
1945 to 2-10 1945

that I last saw him alive on 2-5 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac decompensation

Due to

Due to

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations AS

Of autopsy

Duration
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? Mo
(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 2

23. Signature MA Egleston (M. D. or other) DD

Address Sheldon Date signed 2/12/45

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

8
6
6

Date Filed 2-45-220
3-23-45

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

Signed Carroll T. Berry
Licensed Embalmer No. 2385
P. O. Address Sheldon 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.