

No. 2
-5-43
5-17-39
I X36471

FILED SEP 13 1945

Registration District No. 251

Primary Registration District No. 3048

Registrar's No. 130

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

1. PLACE OF DEATH:

(a) County Madawson

(b) City or town Maryville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether years, months or days) (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madawson

(c) City or town Maryville Mo
(If outside city or town limits, write "RURAL")

(d) Street No. 1109 E Thompson
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Beatrice Irene Blacketer

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 15 year 1945 hour 4:10 minute A.M.

21. I hereby certify that I attended the deceased from Aug 10 1945 to Aug 15 1945 that I last saw her alive on Aug 15 1945 and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced S.O

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov - 7 - 1927
(Month) (Day) (Year)

Immediate cause of death Coronary heart block Duration _____

8. AGE: Years Months Days If less than one day

17 9 8 hr min.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

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

Major findings: Of operations _____

Of autopsy 950

Underline the cause to which death should be charged statistically.

10. Usual occupation Taking care of children

11. Industry or business _____

12. Name Jacob Henry Blacketer

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

14. Maiden name Eltha Mabel Wain

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

16. (a) Informant Mrs. Dora Edwards

(b) Address 416 N. Wether St.

17. (a) Burial (b) Date thereof 8-17-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill

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

(b) Address Maryville Missouri

19. (a) 8-16-45 (b) Bees Barbara
(Date received local registrar) (Registrar's signature)

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 Dr. H.M. Chase (M. D. or other) Do

Address Maryville Mo Date signed Aug 15/45

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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. H. Campbell*

Licensed Embalmer No. *2650*

P. O. Address..... *Manquills 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.