S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

31618

State File No.

FILED OCT 12 1945

Registration District No. 973 Primary Registration District No. 6270 Registrar's No. 54

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

1. PLACE OF DEATH:
(a) County Webster
(b) City or town Rural-E. Union Township
(If outside city or town limits, write "RURAL," and name of township)
(c) Name of hospital or institution: X
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution X
In this community 96 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Webster
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. E. Union Township
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME Ann Caroline Blackwell
3. (b) If veteran, name war X
3. (c) Social Security No. X

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Monroe Blackwell
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept. (Month) 7 (Day) 1848 (Year)

8. AGE: Years 97 Months no Days 7 If less than one day X hr. X min.

9. Birthplace N. Carolina (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Home

FATHER
12. Name Jacob Copening
13. Birthplace N. Carolina (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Nancy Pruitt
15. Birthplace N. Carolina (City, town, or county) (State or foreign country)

16. (a) Informant J. P. Blackwell (son)
(b) Address Niangua, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-16-45 (Month) (Day) (Year)
(c) Place: burial or cremation Amity
18. (a) Signature of funeral director Lee Rainey
(b) Address Marshfield, Mo.
19. (a) 9/26/45 (Date received by local registrar) (b) J. G. Martinney (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 14 year 1945 hour 10 minute p. M.

21. I hereby certify that I attended the deceased from Oct. 10, 1944, to August 26, 1945 that I last saw her alive on August 26, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Paralysis of Muscles of Deglutition - Progressive	3 wks
Due to: Cerebral Hemorrhage or Thrombosis (not determined which)	
Due to: Arteriasclerosis	
Other conditions: Advanced Age (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature C. P. Macdonnell (M. D. or other) MD
Address Marshfield, Mo. Date signed 9/15/45

(Licensed Embalmer's Statement on Reverse Side)

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 [redacted], Registered Apprentice No. [redacted], working under my personal supervision.

Signed Alex L. Rainey

Licensed Embalmer No. 1.3312

P. O. Address Marshfield, 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.