

FILED DEC 3 1945

Registration District No. 156

Primary Registration District No. 5001

Registrar's No.

1. PLACE OF DEATH:

(a) Country Missouri
(b) City or town Jasper
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Now Dead at 18 Johns
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3
(Specify whether years, months or days)

(a) PRINT FULL NAME John C. Blackwell

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

4. Sex M 0 5. Color or race W 6. (a) Single, widowed, married, divorced S 0

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

7. Birth date of deceased 5 May 1945
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
6 8 0 hr. min.

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

10. Usual occupation Child

11. Industry or business

12. Name Kenneth C. Blackwell

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

14. Maiden name Married Ball

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

16. (a) Informant Mrs. Mabel Blackwell

(b) Address Jasper

17. (a) Burial (b) Date thereof 11-11-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sterling - Alta Mo

18. (a) Signature of funeral director Thos. Hunt

(b) Address Joplin Mo

19. (a) 11-11-45 (b) E. Jones
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 11 ds.
year 1945 hour 6 minute A. M.

21. I hereby certify that I attended the deceased from 1945 to 1945
that I last saw him alive on Nov 11 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Thyroid - Status
Lymphaticus
Due to
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Very Enlarged
Thyroid - Status

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 () Means of injury

23. Signature E. Jones (M.D. or other)
Address 2114 Joplin Date signed 11/11/45

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.....

Harry K. Hurlbut

Licensed Embalmer No.....

959

P. O. Address.....

Joplin 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.