

No. 2  
5-42  
5-17-39  
X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED FEB 13 1946 STANDARD CERTIFICATE OF DEATH**

State File No. **2333**

Registration District No. **52** Primary Registration District No. **3009** Registrar's No. **12**

1. PLACE OF DEATH:  
(a) County **Cape**  
(b) City or town **Jackson, Mo.**  
(c) Name of hospital or institution: **H. 12. OE 1st 1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community **2 years 23 days**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Cape 16**  
(c) City or town **Jackson** (If outside city or town limits, write "RURAL") **2**  
(d) Street No. **H. 12 E. 1st** (If rural, give location) **1**  
(e) Citizen of foreign country? **No** (Yes or No) **0**  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **FANNY OPHELIA BLACKSHIRE**  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_  
4. Sex **Female** 5. Color or race **white** 6. (a) Single, widowed, married **widowed**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive **Deceased** years \_\_\_\_\_  
7. Birth date of deceased **Jan 17 1868**  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Jan** day **25th**  
year **1946** hour **10** minute **45P** M.  
21. I hereby certify that I attended the deceased from **Dec 7** 19 **45** to **Jan 25** 19 **46**  
that I last saw her alive on **Jan 23** 19 **46**  
and that death occurred on the date and hour stated above.

8. AGE: Years **78** Months **10** Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.  
9. Birthplace **Heber Springs Ark**  
(City, town, or county) (State or foreign country)

Immediate cause of death **Cerebral Hemorrhage** Duration **3 days**  
Due to **Hypertension** **5 yr**  
Due to **arteriosclerosis?**  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

10. Usual occupation **Neurologist**  
11. Industry or business \_\_\_\_\_  
12. Name **Marrion Davis**  
13. Birthplace **unknown** (City, town, or county) (State or foreign country) **a**  
14. Maiden name **unknown**  
15. Birthplace **unknown** (City, town, or county) (State or foreign country) **a**  
16. (a) Informant **H. K. Deby**  
(b) Address **Pector Ave**  
17. (a) **removed** (b) Date thereof **1-28-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Buried with 98 1946**  
18. (a) Signature of funeral director **H. K. Deby**  
(b) Address **Pector Ave**  
19. (a) **1-26-46** (b) **H. K. Deby**  
(Date received local registrar) (Registrar's signature)

Major findings: Of operations **(g) 70**  
Of autopsy \_\_\_\_\_  
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 **T. E. Ruff** (M. D. or other) **M.D.**  
Address **Jackson Mo** Date signed **1-26-46**

PHYSICIAN  
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
366

RECEIVED

Health Officer No. Y

District File Number 246-1743

Date Filed 2-11-46

To be removed to Arkansas for burial

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.....

Licensed Embalmer No.....

P. O. Address.....

**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.