

FILED JAN 28 1946

Registration District No. 2

Primary Registration District No. 59.53

State File No.

Registrar's No.

1. PLACE OF DEATH:

(a) County PIKE
(b) City or town RURAL - BUFFALO TWP
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: NEAR WOOSTEN SCHOOL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Days (Specify whether years, months or days)

3. (a) PRINT FULL NAME

GARY B. BLACKWELL

3. (b) If veteran, name war. —

3. (c) Social Security No. —

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced —

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

7. Birth date of deceased DECEMBER 21 1945
(Month) (Day) (Year)

8. AGE: Years 0 Months 0 Days 4 If less than one day 2 hr. — min.

9. Birthplace PIKE Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation —

11. Industry or business —

MOTHER FATHER { 12. Name JOHN M. BLACKWELL
13. Birthplace LINCOLN Co Mo
(City, town, or county) (State or foreign country)
14. Maiden name GORDIE FEED M. (GARDNER)
15. Birthplace PIKE Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant John M. Blackwell
(b) Address Trinidad Mo (Rural)

17. (a) BURIAL (b) Date thereof 12/27/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation GRASSY CREEK

18. (a) Signature of funeral director Harmon Sterne

(b) Address Trinidad Mo

19. (a) 12/27/45 (b) Margaret E. Stephens
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DECEMBER Day 25TH
year 1945 hour 5 minute 50 A.M.

21. I hereby certify that I attended the deceased from Dec 21
1945 to here 1945
that I last saw him alive on Dec 23 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Failure of Kidneys to function 4 days

Due to —

Due to —

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations —

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?

While at work? (Specify type of place) (e) Means of injury —

23. Signature M. M. Stephens (M. D. or other)
Address Boring Green Mo Date signed 12/27/45

RECEIVED

District Health Officer No. 10

District File Number 1-46-183

Date Filed JAN-25-1946

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. 4039

P. O. Address Louisiana, 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.