

U. S. No. 2  
FORM-5-43  
Rev. 5-17-39  
I X36877

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **7249**  
Registrar's No. **2018**

**FILED MAR 13 1948**

Registration District No. \_\_\_\_\_ Primary Registration District No. **1003**

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town **St. Louis**  
(c) Name of hospital or institution: **Barnes Hospital**  
(If outside city or town limits, write "RURAL" and name of township)  
(d) Length of stay: In hospital or institution **14 days**  
In this community \_\_\_\_\_  
years, months or days (Specify whether \_\_\_\_\_)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Jasper**  
(c) City or town **Carthage**  
(d) Street No. **1023 N. McGregor Ave.**  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **JOSEPH BLACKWOOD**  
3. (b) If veteran, name war **Nil** 3. (c) Social Security No. **Unknown**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **2** day **28**  
year **1946** hour **2** minute **20 PM**

4. Sex **Male** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Madge Blackwood**  
6. (c) Age of husband or wife if alive **42** years  
7. Birth date of deceased **October 24 1905**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **1-14 1946** to **2-28 1946**  
that I last saw him alive on **2-28 1946**  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
**40 4 4** hr. min.

Immediate cause of death **Total Myocardial infarction from the internal carotid artery.**  
Due to **Chronic atherosclerosis of the myocardium, involving the left ventricle.**  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

9. Birthplace **Newton County Arkansas**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Garage Owner**

11. Industry or business \_\_\_\_\_

12. Name **Isaac N. Blackwood**  
13. Birthplace **Unknown Arkansas**  
14. Maiden name **Alice Villines**  
15. Birthplace **Unknown Arkansas**

16. (a) Informant **Guy Blackwood**  
(b) Address **215 N. Main, Carthage, Mo.**  
17. (a) **Removal** (b) Date thereof **2-28-46**  
(c) Place: burial or cremation **Carthage, Missouri**

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

18. (a) Signature of funeral director **Albert H. Hoppe**  
(b) Address **4700 Washington Blvd.**  
19. (a) **FEB 28 1948** (b) **J. F. Bredek**  
(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? \_\_\_\_\_  
(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 **J. F. Bredek** (M. D. or other) \_\_\_\_\_  
Address **Barnes Hospital** Date signed \_\_\_\_\_

(Licensed Embalmer's Statement on Reverse Side)

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

10  
17  
9

6199

FEB 4 1959

FEB 1959

FEB 1959

**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.....

*John Aganoshi*

Licensed Embalmer No. *3398*

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.**