

S. No. 2  
M-8-43  
5-17-39  
#1 X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 8377

FILED MAR 18 1946

Registration District No. Primary Registration District No. 4001 Registrar's No. 61

1. PLACE OF DEATH:  
(a) County Adair  
(b) City or town Novinger  
(c) Name of hospital or institution: Novinger, Missouri /  
(d) Length of stay: In hospital or institution. None (Specify whether In this community. Live years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Adair  
(c) City or town Novinger  
(d) Street No. (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No) If yes, name country.

3. (a) PRINT FULL NAME Gracie Ionia Blacksmith  
3. (b) If veteran, name war. 3. (c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Feb. day 26 year 1946 hour 5:00 minute A.M.

4. Sex female 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife James A. Blacksmith  
6. (c) Age of husband or wife if alive 65 years  
7. Birth date of deceased August 6 1898 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 25 1946 to Feb 26 1946 that I last saw him alive on Feb 25 1946 and that death occurred on the date and hour stated above.

8. AGE: Years 48 Months 6 Days 20 If less than one day hr. min.

Immediate cause of death: Probably Coronary of bowels - had tumors - not returned - treated  
Due to: Ellen Fisher Haupt

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

Other conditions: X-ray treatment (Include pregnancy within 3 months of death)  
Major findings: Of operations. Of autopsy. 462

10. Usual occupation Housewife

11. Industry or business

12. Name R. G. Patrick

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

14. Maiden name Emma Specie

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

16. (a) Informant James Blacksmith (b) Address Novinger, Mo.

17. (a) Burial (b) Date thereof 2/28/46 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation. Novinger Cemetery

18. (a) Signature of funeral director J.E. Riley (b) Address Kirkeville, Missouri  
19. (a) 3-3-46 (b) Kate Lambert (Date received local registrar) (Registrar's signature)

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?

23. Signature J.S. Gashirlic M.D. (M. D. or other) Address Novinger Date signed 2/27/46

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

7312

MAR 22 1946

RECEIVED  
District Health Officer No. 10  
District File Number 3-46-506  
Date Filed MAR 15 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 Beverley  
Licensed Embalmer No. 4181  
P. O. Address Wentzville 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.