

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

FILED APR 9 1946 **STANDARD CERTIFICATE OF DEATH**

State File No. **14187**

Registration District No. **301**

Primary Registration District No. **6046**

Registrar's No. **2114**

1. PLACE OF DEATH:

(a) County **Ripley**
(b) City or town **Rural Thomas**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2 miles N. of Naylor
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **35 years**
years, months or days)

3. (a) PRINT FULL NAME **Charles Edwin Blackledge**

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 **Married**

6. (b) Name of husband or wife **Arabella Haymes Blackledge** 6. (c) Age of husband or wife if **86** years

7. Birth date of deceased **Dec. 12, 1854**
(Month) (Day) (Year)

8. AGE: Years **91** Months **3** Days **19**
If less than one day hr. min.

9. Birthplace **Andina** **Ohio**
(City, town, or county) (State or foreign country)

10. Usual occupation **farmer**

11. Industry or business _____

12. Name **Aaron Blackledge**

13. Birthplace **Andina** **Ohio**
(City, town, or county) (State or foreign country)

14. Maiden name **Lidia Dunz**

15. Birthplace **Andina** **Ohio**
(City, town, or county) (State or foreign country)

16. (a) Informant **Geo. Blackledge**

(b) Address **Naylor, Mo.**

17. (a) **Burial** (b) Date thereof **4/3/46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Gum**

18. (a) Signature of funeral director **Minnie Wish**

(b) Address **Naylor, Mo.**

19. (a) **4-3-46** (b) **E. D. Johnston**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Ripley**
(c) City or town **rural**
(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 **April** day **1**
year **2** hour **A** minute **A.** M.

21. I hereby certify that I attended the deceased from **Mar 30, 1946** to **April 1, 1946**
that I last saw him alive on **March 31, 1946**
and that death occurred on the date and hour stated above.

Immediate cause of death **labor pneumonia**
Duration _____

Due to _____
Due to _____

Other conditions **senility**
(Include pregnancy within 3 months of death)

Major findings: Of operations **none**

Of autopsy **no**

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) (c) Means of injury **0**
23. Signature **H. E. White** (M. D. or _____)
Address **Naylor Mo** Date signed **4-2-46**

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

Bryan McCard

Licensed Embalmer No. *4079*

P. O. Address *Naylor, 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.