

FILED JUN 7 1946

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 130

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
210 Hickman Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community about 15 yrs
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Boone 10

(c) City or town Columbia 2
(If outside city or town limits, write "RURAL")

(d) Street No. 210 Hickman Ave 4
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) ✓
If yes, name country _____

3. (a) PRINT FULL NAME PRESTON BLACKFORD

3. (b) If veteran, name war World War I

3. (c) Social Security No. _____

4. Sex Male 2 5. Color or race negro

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Matie Blackford

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased unknown
(Month) (Day) (Year)

8. AGE: Years about 53 Months - Days - If less than one day - hr. - min.

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

10. Usual occupation Porter and deliveryman

11. Industry or business Drug store

MOTHER FATHER

12. Name unknown A

13. Birthplace _____ 1
(City, town, or county) (State or foreign country)

14. Maiden name unknown 2

15. Birthplace _____ 3
(City, town, or county) (State or foreign country)

16. (a) Informant Matie Blackford

(b) Address Columbia, Mo.

17. (a) Burial (b) Date thereof 5-31-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbia Cemetery

18. (a) Signature of funeral director Stuart P. Parker

(b) Address Columbia, Missouri

19. (a) 5-31-46 (b) Mrs R E Palmer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27 th 46
year 1946 hour 30 PM minute _____

21. I hereby certify that I attended the deceased from May 25 th 1946 to May 27 th 1946
and that death occurred on the date and hour stated above.

Immediate cause of death myocardial + mitral insufficiency

Due to chronic Bright's Disease

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 Royd Simpson (M. D. or other) _____
Address 506 Cherry St Date signed 5-29-46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
14604

RECEIVED
District Health Officer No. 9,

District File Number _____

Date Filed 10-5-46

AUG 26 1946

JAN 26 1959

JUL 11 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

Stuart D. Parker

Licensed Embalmer No. 2900

P. O. Address Columbia, N.C.

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.