

FILED JUN 10 1946
Registration District No. 53

Primary Registration District No. 3010

14840
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Cape Girardeau

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

(c) Name of hospital or institution:
Cape Rock Drive 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community Since 1927
years, months or days

2. USUAL RESIDENCE OF DECEASED: 16

(a) State Missouri (b) County Cape Girardeau

(c) City or town Cape Girardeau 1
(If outside city or town limits, write "RURAL")

(d) Street No. Cape Rock Drive 4
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Thomas Guston Blackwell

3. (b) If veteran, name war _____

3. (c) Social Security No. 490-05-4888

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mary Craig

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

7. Birth date of deceased April 17th 1887
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

59 1 9 hr. min.

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

10. Usual occupation Not employed

11. Industry or business _____

MOTHER FATHER { 12. Name Thomas T. Blackwell

{ 13. Birthplace Tennessee
(City, town, or county) (State or foreign country)

{ 14. Maiden name Mary Simmons

{ 15. Birthplace Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Blackwell

(b) Address Cape Rock Drive

17. (a) Burial (b) Date thereof 5-29-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairmont Cemetery

18. (a) Signature of funeral director L. L. Haman

(b) Address Cape Girardeau, Missouri

19. (a) 6-1-1946 (b) G. C. Summers
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26th
year 1946 hour 8 minute 15 P.M.

21. I hereby certify that I attended the deceased from 10-14 1945 to 5-26 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Atherosclerosis

Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: 518

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? _____

(Specify type of place)

While at work? _____ (e) Means of injury C

23. Signature G. C. Summers (M. D. or other) MD

Address Cape Girardeau Date signed 7/9/46

JUL 23 1945

RECEIVED

District Health Officer No. 4
District File Number 646-2204
Date Filed 6-6-46

JUL 2 1947

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..... *Lawrence H. Stroman*

Licensed Embalmer No. 4122

P. O. Address Cape Girardeau, Missouri

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.