

S. No. 2  
M-8-43  
5-17-39  
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16037

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED** MAY 17 1946  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 10-3

Registration District No. 69  
Primary Registration District No. 4122

1. PLACE OF DEATH:  
(a) County Christian  
(b) City or town Nixa  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Nixa, Missouri  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Christian  
(c) City or town Nixa  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME Evard Blackledge  
3. (b) If veteran, name war Unknown  
3. (c) Social Security No. Unknown

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 22,  
year 1946 hour 4 minute \_\_\_\_\_ P.M.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mrs. Josie Blackledge  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased August 8, 1868  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 3, 1946 to March 3, 1946.  
that I last saw him alive on March 3, 1946.  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>7</u>	<u>14</u>	hr. _____ min. _____

Immediate cause of death  
Cerebral Apoplexy of Anterior Cerebral Artery  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

9. Birthplace Van Buren County, Iowa  
(City, town, or county) (State or foreign country)

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

10. Usual occupation Retired Street Department Employee

11. Industry or business \_\_\_\_\_  
12. Name Franklin Blackledge  
13. Birthplace Unknown Ohio  
(City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth McDonald  
15. Birthplace Unknown Ohio  
(City, town, or county) (State or foreign country)

PHYSICIAN  
Underline the cause to which death should be charged statistically.  
930

16. (a) Informant Mrs. Josie Blackledge  
(b) Address Springfield, Missouri

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? \_\_\_\_\_

17. (a) Burial (b) Date thereof March 24, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Green Lawn Cemetery

(Specify type of place)  
While at work? \_\_\_\_\_ (e) Means of Injury \_\_\_\_\_

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home  
(b) Address Springfield, Missouri

23. Signature Richard L. Mitchell (Seal or other)  
Address Ozark, Missouri Date signed 3/20/46

19. (a) April 11, 1946 (b) Alline Davis  
(Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 6;

District File Number 546-576

Date Filed MAY 15 1946

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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 Lewis G Scharpf

Licensed Embalmer No. 3802

P. O. Address Springfield, 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.**