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5-17-39  
I X25697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19915

State File No. \_\_\_\_\_

FILED JUL 9 1946

Registrar's No. 79

Registration District No. 114

Primary Registration District No. 4186

1. PLACE OF DEATH:

(a) County Franklin  
(b) City or town Sullivan  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 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 3 years  
(years, months or days)

3. (a) PRINT  
FULL NAME

LUELLA BLACKWELL

3. (b) If veteran,  
name war \_\_\_\_\_

3. (c) Social Security  
No. ✓

4. Sex Female 5. Color or race White  
6. (b) Name of husband or wife Henry Blackwell 6. (c) Age of husband or wife if alive 71 years  
7. Birth date of deceased April 26 1876  
(Month) (Day) (Year)

8. AGE: Years 70 Months 1 Days 26  
If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Jack Murphy  
13. Birthplace Franklin County Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Sally Shelton  
15. Birthplace Franklin County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Blackwell  
(b) Address Sullivan, Mo.

17. (a) Burial (b) Date thereof 6 25 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery - Owensville, Mo.

18. (a) Signature of funeral director Wayard H. R. White  
(b) Address Owensville, Mo.

19. (a) 6-24-46 (b) Ch. D. Carter  
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin 31  
(c) City or town Sullivan  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22  
year 1946 hour 5 minute 15 p. M.

21. I hereby certify that I attended the deceased from April 18 1946 to June 22 1946  
that I last saw her alive on June 22 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis  
Due to Brushier's tars  
Due to \_\_\_\_\_

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations None 734  
Of autopsy None

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) Manner of injury \_\_\_\_\_

23. Signature J. A. Carter (M. D. ✓)  
Address Sullivan, Mo. Date signed 6/27/46

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

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 7-8-46

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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 Mr.

....., Registered Apprentice No. ....,  
working under my personal supervision.

Signed

Miford H. H. Winter

Licensed Embalmer No. 3838

P. O. Address Owensville 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.