

FILED JUN 5 1946

Registration District No.

172

Primary Registration District No.

5641

Registrar's No.

1. PLACE OF DEATH:

(a) County UNKNOWN Lafayette
(b) City or town UNKNOWN Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: NONE
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution NONE
(Specify whether
In this community NONE
years, months or days)

3. (a) PRINT
FULL NAME

HARLEY E. BLACKWELL
3. (b) If veteran, name war World War II 3. (c) Social Security No. NONE

4. Sex MO 5. Color or race Wh 6. (a) Single, widowed, married, divorced UNKNOWN
6. (b) Name of husband or wife UNKNOWN 6. (c) Age of husband or wife if alive — years
7. Birth date of deceased UNKNOWN
(Month) (Day) (Year)

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

9. Birthplace UNKNOWN Malta Bend, MO
(City, town, or county) (State or foreign country)

10. Usual occupation ARMY

11. Industry or business NONE

12. Name I M Blackwell

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

14. Maiden name UNKNOWN

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

16. (a) Informant Army Disch on body

(b) Address in very poor condition

17. (a) REMOVAL (b) Date thereof MAR 25, 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Windville, MO

18. (a) Signature of funeral director B. Jones

(b) Address Buffalo, MO

19. (a) 6-7-46 (b) Clayton W. Lander
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dallas 30
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. ATLA of Windyville, MO
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Probably dead from
three to four months when found.
Month day year hour minute M.

21. I hereby certify that I attended the deceased from NONE
19__ to 19__;
that I last saw him alive on 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death Probably drowned Duration
Body discovered in MO River
floating 28 MARCH 1946
Due to Verdict of coroners jury:
"By accidental drowning"
Due to

Other conditions NOT KNOWN
(Include pregnancy within 3 months of death)

Major findings: 431
Of operations NONE

Of autopsy No Autopsy
Body in deteriorated condition

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) cause of death not established beyond coroners jury verdict

(b) Date of occurrence UNKNOWN Dead probably
three months at Dover, MO

(c) Where did injury occur? Body found at Dover, MO
(City, or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
NO

(Specify type of place)
While at work NO (e) Means of injury NONE

Signature Clayton W. Lander (M. D. or other)

Address Dallas, MO Date signed 4-7-46

61 2 700
0 NIII
AUG 26 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.

Body was Elvater therefore
was not embalmed, ~~was~~ was in
no condition to be embalmed.

Signed

Morris B. Jones

Licensed Embalmer No. *4322*

P. O. Address *Buffalo, N.Y.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. July

Registration District No. (172)

Primary Registration District No. (5641)

Registrar's No. 1

1. PLACE OF DEATH: Found dead in Murren River 2. USUAL RESIDENCE OF DECEASED:

(a) County Lafayette (a) State MO (b) County Dallas
(b) City or town Windsor Township (c) City or town Windsorville
(If outside city or town limits, write "RURAL" and name of township) (If outside city or town limits, write "RURAL")
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether)
In this community. (Yes or No)
years, months or days

3. (a) PRINT FULL NAME Harley E. Blackwell

3. (b) If veteran, name war WW #2 3. (c) Social Security No. 4078

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced unk

6. (b) Name of husband or wife unk 6. (c) Age of husband or wife if alive unk

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

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

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

10. Usual occupation Army

11. Industry or business none

12. Name B. M. Blackwell

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

14. Maiden name unk

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

16. (a) Informant Army Disch. on body

(b) Address in very poor condition

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 3-29-46 (Month) (Day) (Year)

(c) Place: burial or cremation Windsorville MO

18. (a) Signature of funeral director L. B. Jones

(b) Address Buffalo, Mo.

19. (a) 6-7-1946 (Date received local registrar) (b) Clayton H. Landrum (Registrar's signature)

20. DATE OF DEATH: Month year hour minute M.

21. I hereby certify that I attended the deceased from that I last saw him alive on and that death occurred on the date and hour stated above. Immediate cause of death.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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

23. Signature W. C. Martin (M. D. or other)

Address Windsorville MO Date signed 6-11-46

MOTHER FATHER

SUPPLEMENTARY

PHYSICIAN

Underline the cause to which death should be charged statistically.

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