

FILED AUG 12 1946
Registration District No. **5820**

Primary Registration District No. **5820**

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

1. PLACE OF DEATH:

(a) County New Madrid

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

(c) Name of hospital or institution: Home
(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) 4 years

In this community _____ years, months or days

3. (a) PRINT FULL NAME Lucille Blackwood

(b) If veteran. _____ name war _____

(c) Social Security No. _____

4. Sex female 5. Color or race white

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased May 11 1930
(Month) (Day) (Year)

8. AGE: Years 16 Months 1 Days 27 If less than one day _____ hr. _____ min.

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

10. Usual occupation School girl

11. Industry or business _____

MOTHER FATHER

12. Name Lee Blackwood

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

14. Maiden name Millie Greener

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

16. (a) Informant Lee Blackwood

(b) Address Gideon, Mo R.R.

17. (a) Burial (b) Date thereof 7-10-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation maiden (New cemetery)

18. (a) Signature of funeral director Lander tunnel Home

(b) Address Campbell Missouri

19. (a) July 23 46 (b) Mrs. Byron Sharp
(In receipt local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid

(c) City or town Gideon Rural
(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 July day 8
year 1946 hour _____ minute 1:20 p. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____
that I last saw h_____ alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death ELECTROCUTION

Due to LIGHTNING

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy _____

Duration _____

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) ACCIDENT 72

(b) Date of occurrence 7-8-46

(c) Where did injury occur? Gideon, Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial places, in public place?
about home - on farm

While at work? no (Specify type of place) (e) Means of injury LIGHTNING

23. Signature F. G. Hopkins (M.D. or other)

Address Gideon, Mo Date signed 7-21-46

RECEIVED

District Health Office No.

District File Number 846-95

Date Filed 8-9-46

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 *Christine M. Sanders*

Licensed Embalmer No. *7227*

P. O. Address *Campbell, Md.*

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.