

FILED AUG 12 1946

Registration District No. **376**

Primary Registration District No. **6075**

Registrar's No. **222**

1. PLACE OF DEATH:

(a) County **St. Francois**
(b) City or town **Farmington RURAL St. Francois**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **State Hospital No. 4**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **ten months**
In this community **ten months**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **MARY A. BLACKWELL**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married. **2 divorced Widowed**
6. (b) Name of husband or wife **Joseph B. Blackwell** 6. (c) Age of husband or wife if alive **Deceased** years
7. Birth date of deceased **August 16 1873**
(Month) (Day) (Year)

8. AGE: Years **72** Months **10** Days **15** If less than one day
hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business

MOTHER FATHER { 12. Name **Unknown**
13. Birthplace **U.S.S.A.**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **U.S.S.A.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Records State Hospital No. 4**
(b) Address **Farmington, Missouri**

17. (a) **Burial** (b) Date thereof **July 3, 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Blackwell Cem., Dent Co., MO.**

18. (a) Signature of funeral director **H. Grantham**

(b) Address **Salem, Missouri**

19. (a) **7-17-46** (b) **Ethel R. Rudloff**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Dent**
(c) City or town **Salem RURAL**
(If outside city or town limits, write "RURAL")
(d) Street No. **Route 2** (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 **1**
year **1946** hour **8** minute **10 A.M.**

21. I hereby certify that I attended the deceased from **April 19, 1946**, 19 **July 1**, 1946;
that I last saw her alive on **July 1**, 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocarditis**
Arteriosclerosis

Due to
Due to
Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations **93X**
Of autopsy **None**

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

23. Signature **George H. Reuss** (M. D. or other) **M.D.**
Address **Farmington, Mo.** Date signed **7/2/46**

RECEIVED

District Health Officer No. 4
District File Number 846-2464
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.....

Licensed Embalmer No. 4120

P. O. Address Farmington 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.