

Registration District No. 139

Primary Registration District No. 5376

Registrar's No. 121

1. PLACE OF DEATH:
 (a) County Holt
 (b) City or town Oregon - Rural
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: County Infirmary 5
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 11 years
 (Specify whether years, months or days)
 In this community 11 years

3. (a) PRINT FULL NAME Valley Blackburn
 3. (b) If veteran, name war ✓
 3. (c) Social Security No. -

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Unknown
 6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if alive ✓ years
 7. Birth date of deceased May 2 1864
 (Month) (Day) (Year)

8. AGE: Years 82 Months 7 Days 11 If less than one day
 hr. min.

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

10. Usual occupation laborer

11. Industry or business

MOTHER, FATHER { 12. Name Unknown 7
 13. Birthplace (City, town, or county) (State or foreign country)
 14. Maiden name UNKNOWN
 15. Birthplace (City, town, or county) (State or foreign country) 4

16. (a) Informant County Jail Record

(b) Address Oregon Mo.

17. (a) Burial (b) Date thereof 12-14-46
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Oregon Mo.

18. (a) Signature of funeral director: James W. Puttjohn

(b) Address Oregon Mo.

19. (a) 02-26 (b) Janey
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Holt 44
 (c) City or town Oregon Mo. Rural 5
 (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 Dec day 13
 year 1946 hour 2 minute 30a M.

21. I hereby certify that I attended the deceased from Mar 1
1946 to Dec 13 1946
 that I last saw him alive on Dec 13 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death: Severe Dehydration Par. Mex.

Due to Severe dehydration

Due to

Other conditions osteomyelitis 3 mos.
 (Include pregnancy within 3 months of death)

Major findings: Of operations 154B
 Of autopsy

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?

While at work? (Specify type of place) (e) Means of injury 0

23. Signature John A. Chandler (M. D. number) 1

Address Oregon Mo. Date signed 12-14-46

USE UNFADING BLACK INK - MAKE A PERMANENT RECORD

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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 James H. Pettigrew
Licensed Embalmer No. 3192
P. O. Address Oregon, Mo

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.