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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

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

FILED DEC 24 1946

Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 253

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Carthage  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: McCune Brooks Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 Weeks  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49  
(c) City or town Carthage 1  
(If outside city or town limits, write "RURAL") 3  
(d) Street No. 1017 Sophia St.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Eliza Elnora BLACKBURN

3. (b) If veteran, name war No  
3. (c) Social Security No. No

4. Sex Female  
5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife C.R. Blackburn (Deceased) alive \_\_\_\_\_ years  
6. (c) Age of husband or wife if \_\_\_\_\_ years

7. Birth date of deceased February 17 1874  
(Month) (Day) (Year)

8. AGE: Years 72 Months 9 Days 20  
If less than one day hr. min.

9. Birthplace Newton County Mo. ( )  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

MOTHER FATHER

12. Name William Stanberry

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

14. Maiden name Julia Alberty  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Irene Holland

(b) Address Carthage, Mo.

17. (a) Burial (b) Date thereof 12 10 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Black Fox Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address Carthage, Mo.

19. (a) 12-10-46 (b) D.B. Clements  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December Day 7th.  
year 1946 hour 10:30 minute A. M.

21. I hereby certify that I attended the deceased from Nov 14 1946 to Dec 7th 1946  
that I last saw her alive on Dec 4 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion  
Due to Broken L. Femur

Due to ADDITIONAL SUPPLEMENTARY INFORMATION  
Other conditions (Include pregnancy within 8 months of death)  
Major findings: Femur Dist. Fract. 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) 116  
(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) (a) Means of injury  
23. Signature T.E. Kellie (M. D. or other)  
Address Carthage, Mo. Date signed

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

46-12-1047 -

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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.....

.....  
working under my personal supervision.

..... Registered Apprentice No. ....

Signed.....

*Gene C. Fugh*  
Gene. C. Fugh.

..... Licensed Embalmer No. .... 4231

..... P. O. Address. .... Catthage, 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.**