

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED MAR 7 1947

Registration District No. 288

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4426

State File No. 5764

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Lack  
(b) City or town Lauray, Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: S. W. part of Lauray  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 50 yrs (Specify whether years, months or days)  
In this community 50 yrs

3. (a) PRINT FULL NAME

William Warren Blacketer

3. (b) If veteran, name war None

3. (c) Social Security

No 570-07-2716

4. Sex Male 5. Color or race wh  
6. (a) Single, widowed, married, divorced single  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive 17 years (Day) (Year)  
7. Birth date of deceased Feb 17 1880 (Month) (Day) (Year)

8. AGE: Years 66 Months 0 Days 10 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business

12. Name Wesley Blacketer

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

14. Maiden name Margaret Cunningham

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

16. (a) Informant Thyssel Blacketer

(b) Address Bolivar

17. (a) Buried (b) Date thereof Mar 2, 1947 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery Bolivar

18. (a) Signature of funeral director Barum & Blue

(b) Address Bolivar Mo

19. (a) Mar. 1, 1947 (b) Ralph Gordon (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lack  
(c) City or town Lauray  
(If outside city or town limits, write "RURAL")  
(d) Street No. S. W. part of Lauray  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 28 year 1947 hour 1:30 minute 0 M.

21. I hereby certify that I attended the deceased Feb 28, 1947 to 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Heart Failure Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations ✓ gout

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 3

23. Signature William B. Gordon Date signed 3/1/47

Address Bolivar, Mo

RECEIVED  
District #11th Officer No. 7,  
District File Number 2-42-207  
Date Filed 2-5-42

### 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. 4154

P. O. Address.....

**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.