

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 10 1947

THE STATE BOARD OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

12200

State File No. _____

Registration District No. 258

Primary Registration District No. 4523

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Vernon

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

(c) Name of hospital or institution: 1
(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)

In this community About 7 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon 108

(c) City or town Schell City
(If outside city or town limits, write "RURAL") 0

(d) Street No. _____ (If rural, give location) 0

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME GEORGE LEVITT BLACKMORE

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Mar. day 25th
year 1947 hour 11 minute 30 M.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife NETTIE BLACKMORE

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased MARCH 5, 1870
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 8, 1947 to Mar. 24, 1949; that I last saw him alive on Mar. 23, 1949; and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>77</u>	<u>0</u>	<u>20</u>	hr. _____ min. _____

Immediate cause of death Cardiac dropsy Duration 2 yrs.

9. Birthplace Blenheim Ontario, Canada
(City, town, or county) (State or foreign country)

Due to _____

Due to _____

10. Usual occupation Minister

Other conditions (Include pregnancy within 3 months of death) None

11. Industry or business

12. Name Benjamin Blackmore

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

14. Maiden name Emily Badder

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

Major findings: Of operations none Performed

Of autopsy none Performed

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Emily Blackmore

(b) Address Atherton, Mo.

17. (a) Burial (b) Date thereof Mar. 28, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cemetery

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

18. (a) Signature of funeral director Luta Lewis & Son

(b) Address Schell City, Mo.

19. (a) March 24, 1947 (b) Mrs. Sarah E. Gray
(Date received local registrar) (Registrar's signature)

(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 2

23. Signature M. D. Bieker (M. D. or other) P.O.
Address Rockville, Mo. Date signed 3/24/47

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

RECEIVED
District Health Officer No. 7,
District File Number 3-47-866
District File Number 4-5-47
Date Filed

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 Marion M. Lewis
Licensed Embalmer No. 3084
P. O. Address Schell City, 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.