

FILED MAY 16 1947

Registration District No.

Primary Registration District No. 5704

Registrar's No. 27

1. PLACE OF DEATH:

(a) County Maries  
(b) City or town Rural Dry Creek  
(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)  
In this community 66 Years  
years, months or days)

3. (a) PRINT FULL NAME George Thomas Blackwell

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 Married  
6. (b) Name of husband or wife. Cora Mae Blackwell 6. (c) Age of husband or wife if alive. 63 years  
7. Birth date of deceased 5 3 1880  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
66 11 22 hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name George Blackwell

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

14. Maiden name Elizabeth Bruggess

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

16. (a) Informant Mrs. Cora Mae Blackwell

(b) Address Hayden, Missouri

17. (a) Burial (b) Date thereof 4/27/1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kenner

18. (a) Signature of funeral director Fred H. Gilbert

(b) Address Dixon, Missouri

19. (a) 5-5-47 (b) Pauline Hayden  
(Bureau of local registrar) (Registrar's signature) 1947

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Maries 63  
(c) City or town Rural 0  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. (If rural, give location) 0  
(e) Citizen of foreign country? (Yes or No) 0  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 25  
year 1947 hour 5 minute 22 A. M.

21. I hereby certify that I attended the deceased from Feb 1, 1947  
to Apr 22, 1947,  
that I last saw him alive on Apr 22, 1947,  
and that death occurred on the date and hour stated above.

Immediate cause of death. Military Tuberculosis with general dissemination 6 mx  
Duration

Due to

Due to

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

Major findings: Of operations 22A

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) 2  
(c) Means of injury  
Signature Donley Gates (M. D. or other) Dr  
Address Dixon, Mo Date signed 5-7-47

RECEIVED  
District Health Council, MO. 81  
District File Number 5-15-47  
Date Filed

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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.....

April 25 - 1947, Registered Apprentice No.....  
working under my personal supervision.

Signed Fred A. Glickens

Licensed Embalmer No. 2341

P. O. Address Dixon, Missouri

**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.**