

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

DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS
FILED MAY 21 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18467

State File No. _____
Registrar's No. 2206

Registration District No. 301

Primary Registration District No. 6041

1. PLACE OF DEATH:

(a) County Ripley
(b) City or town rural Thomas
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Naylor Rt.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 37 years
years, months or days

3. (a) PRINT FULL NAME Arabelle Haynes Blackledge

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

4. Sex female 5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Not Known 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 17 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 11 10 hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name George Haynes

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

14. Maiden name Dayarmon

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

16. (a) Informant Geo. Blackledge

(b) Address Naylor, Mo.

17. (a) Burial (b) Date thereof 3/30/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gum Ceme.

18. (a) Signature of funeral director Minnie Gish

(b) Address Naylor, Mo.

19. (a) 4-15-47 (b) E. B. Johnson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Butler
(c) City or town rural
(If outside city or town limits, write "RURAL")
(d) Street No. Naylor Rt.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 28
year 1947 hour 5 minute 35P M.

21. I hereby certify that I attended the deceased from March 28 to March 28, 1947.
that I last saw her alive on March and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis Duration _____

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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 _____

23. Signature F. J. Far (M. D. or other) _____

Address Naylor Date signed Mar 24

ADDITIONAL
SUPPLEMENTARY
INFORMATION
REQUESTED

PHYSICIAN
Underline
the cause to
which death
should be
charged sta-
tistically.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 5,

District File Number 3-47290

Date Filed 5-20-47

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

Bryan McCord
Licensed Embalmer No. 4079
P. O. Address Naylor, 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.