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THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25079

FILED AUG 1 1947
Registration District No. 294

Primary Registration District No. 3056

Registrar's No. 168

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution McLorn's Hospital
(If not in hospital or institution, write street number & location)
(d) Length of stay: In hospital or institution 2 Days (Specify whether
In this community 3 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
(d) Street No. Urbanstate Road (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME LENA BLACKBURN

3. (b) If veteran, name war none 3. (c) Social Security No. none

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

6. (b) Name of husband or wife John Lewis Blackburn (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: February 1-1876
(Month) (Day) (Year)

8. AGE: Years 71 Months 5 Days 15 If less than one day hr. min.

9. Birthplace Calloway Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name James Oliver 9

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

14. Maiden name unknown

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

16. (a) Informant Miss Thomas Owens

(b) Address Urbanstate Rd. Moberly Mo.

17. (a) Burial (b) Date thereof July 18-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly Mo.

18. (a) Signature of funeral director Signo Funeral Home

(b) Address Moberly, Missouri

19. (a) 7-17-47 (b) Paul Williams
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16 year 1947 hour 2 minute 45 A.M.

21. I hereby certify that I attended the deceased from July 13, 1947, to July 16, 1947
that I last saw her alive on July 15, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy Duration _____

Due to Hypertension

Due to _____

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

Major findings: Of operations _____

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 2

23. Signature V. M. Murray (or other) _____

Address Moberly, Mo Date signed July 16 1947

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

RECEIVED
District Health Officer No. 10
Index File Number 7-47-266
Case Filed JUL 30 1947

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, R. by.....

C. L. Fulton Registered Apprentice No. 10
working under my personal supervision.

Signed R. M. Carter
Licensed Embalmer No. 4117
P. O. Address Waverly 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.