

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 5 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22236

Registration District No. 100

Primary Registration District No. 3018

Registrar's No. 57

1. PLACE OF DEATH:

(a) County Dent County
(b) City or town Salem
(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 87 years (Specify whether years, months or days)
In this community 87 years

3. (a) PRINT FULL NAME James Nathaniel 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 M.

6. (b) Name of husband or wife Lottie Blackwell 6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased May 7 1860
(Month) (Day) (Year)

8. AGE: Years 87 Months 2 Days 26 If less than one day hr. 0 min. 0

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

10. Usual occupation Farmer

11. Industry or business

12. Name William H. Blackwell
13. Birthplace Virginia (City, town, or county) (State or foreign country)
14. Maiden name Mary Jane Baine
15. Birthplace Alabama (City, town, or county) (State or foreign country)

16. (a) Informant Maud Chilcote
(b) Address Salem, Mo.

17. (a) Burial (b) Date thereof Aug 6 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cedar Grove

18. (a) Signature of funeral director Holman & Brantley

(b) Address Salem, Mo.

19. (a) 8-5-47 (b) M. N. Hart M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Dent
(c) City or town Salem (If outside city or town limits, write "RURAL")
(d) Street No. 5 (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 3
year 1947 hour 10 minute A.M.

21. I hereby certify that I attended the deceased from 6-16-47 to 8-2-47.
that I last saw him alive on 8-2-47
and that death occurred on the date and hour stated above.

Immediate cause of death

Coronary heart disease with

Due to arteriosclerosis yes

Due to

Other conditions Prostatic Carcinoma yes
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy 51B

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, or in public place?

While at work? (Specify type of place) (Means of injury)

23. Signature M. N. Hart (M.D. or other) MO

Address Salem, Mo Date signed 8/5/47

RECEIVED

District Health Officer No. 5,

District. 1847486.

Date Recd. 8-30-47

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.....

Edward F. Brayles, Registered Apprentice No. 435,
working under my personal supervision.

Signed

Licensed Embalmer No.

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.