V. S. No. 2
50M—1/47
Rev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 14 1947
Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 35518
Registrar's No. 10116

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

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 6010a Suburban Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Dent
(c) City or town Salem
(If outside city or town limits, write "RURAL")
(d) Street No. NR Rural Route
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Emmett H. Blackwell
3. (b) If veteran, name war None
3. (c) Social Security No. 498-16-4655

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Clara Blackwell
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased January (Month) 26 (Day) 1880 (Year)

8. AGE: Years 67 | Months 9 | Days 5 | If less than one day hr. min.

9. Birthplace Salem (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Farming

FATHER
12. Name Franklin Blackwell
13. Birthplace Salem (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Clara Norris
15. Birthplace Salem (City, town, or county) Missouri (State or foreign country)

16. (a) Informant W. R. Triplett
(b) Address 6010a Suburban Avenue
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/1/47 (Month) (Day) (Year)
(c) Place: burial or cremation Salem, Missouri
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) NOV 2 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 1
year 1947 hour 1 minute 20 A. M.

21. I hereby certify that I attended the deceased from JUNE 1945 to NOV 1 1947
that I last saw h.im alive on OCT 31 1947
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
MYOCARDIAL FAILURE	2 DYS
NEPHRITIS FROM CHR	1 WK
Due to UREMIA	1 WK
HYPERTENSION	5 YRS
Due to GENERAL ARTERIO-	
SCLEROSIS	5 YRS
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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

23. Signature [illegible] (M. D. or other)
Address 495 Maryland Date signed 11/1/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 John L. Kennedy

Licensed Embalmer No. 4194

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.