

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

42097

State File No. ....

FILED DEC 30 1947

Registration District No. 155

Primary Registration District No. 4246

Registrar's No. 189

1. PLACE OF DEATH:

- (a) County. Jasper  
(b) City or town. Carl Junction, Mo.  
(If inside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 702 So. Jasper  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 704 years (Specify whether years, months or days)

In this community, years, months or days

3. (a) PRINT FULL NAME IDA B. Blackwell

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

4. Sex. F 5. Color or race. W 6. (a) Single, widowed, married, divorced. W 2  
6. (b) Name of husband or wife. John B. Blackwell 6. (c) Age of husband or wife if alive. 23 years  
7. Birth date of deceased. FEB 23 1861 (Month) (Day) (Year)

8. AGE: Years 86 Months 9 Days 21 If less than one day — hr. — min

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

10. Usual occupation. Housewife

11. Industry or business. ?

12. Name. Bertrian

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

14. Maiden name.                     

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

16. (a) Informant. Miss Lillie Moon

(b) Address. Carl Junction, Mo.

17. (a) Burial (b) Date thereof. 12-15-47 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Carl J. Cemetery

18. (a) Signature of funeral director. Don Koney

(b) Address. Carl Junction, Mo.

19. (a) DEC. 15, 1947 (b)                      (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State. Mo. (b) County. Jasper  
(c) City or town. Carl Junction, Mo. (If outside city or town limits, write "RURAL")  
(d) Street No. 702 So. Jasper (If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 14 year 1947 hour Eight minute 35 A.M.

21. I hereby certify that I attended the deceased from July 15 1947 to Dec 10 1947  
that I last saw him alive on Dec 10 1947 and that death occurred on the 14 day and hour stated above.  
Immediate cause of death. Chronic Parachymatous Nephritis 2 yrs Duration 2 yrs

Due to.                     

Due to.                     

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?                      (Specify type of place)

While at work?                      Means of injury                     

23. Signature. A. L. Alberts M. D.                     

Address. Carl Junction, Mo. Date signed Dec 15 1947

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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 \_\_\_\_\_

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_,  
working under my personal supervision.

Signed

*F. M. Jones*

Licensed Embalmer No. *2319*

P. O. Address *Jefferson*

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.