

Registration District No. 43 Primary Registration District No. 5141

1. PLACE OF DEATH:  
(a) County Butler  
(b) City or town Fagus  
(c) Name of hospital or institution Giltis Bluff Hosp.  
(d) Length of stay: In hospital or institution 2 yrs.  
In this community 2 yrs.

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County Butler  
(c) City or town Fagus Rural  
(d) Street No. \_\_\_\_\_  
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME Sarah Alice Blackwell  
3. (b) If veteran, name war no  
3. (c) Social Security No. no

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 1 day 20  
year 48 hour 7 PM minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from 1-17  
1948 to 1-20 1948  
that I last saw her alive on 1-20  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Jesse L. Blackwell  
6. (c) Age of husband or wife if alive 76 years  
7. Birth date of deceased Nov 14 1878

Immediate cause of death Myocardial infarction  
or stroke  
Due to hypertension  
Due to kidney  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

8. AGE: Years 69 Months 2 Days 6  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation house wife

11. Industry or business \_\_\_\_\_

12. Name Henry J. Kestner

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

14. Maiden name Mary Healy

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

16. (a) Informant Jesse L. Blackwell  
(b) Address Fagus, Mo.

17. (a) Burial (b) Date thereof 1-22-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Hope Cemetery

18. (a) Signature of funeral director W. J. ...  
(b) Address Piggotts Park

19. (a) 2-4-48 (b) ...  
(Date received local registry) (Health officer signature)

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? \_\_\_\_\_  
(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 J. B. Hille (M. D. or other) MD  
Address Palmer Park Date signed Jan 24 48

PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

2  
00

RECEIVED  
District Health Office No.  
District File Number 248-180  
Date Filed 2-9-48

---

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.....

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.**