

FILED JAN 28 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

713

Registration District No.

Primary Registration District No. 3020

Registrar's No.

12

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Washington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Francis
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days
(Specify whether
In this community
years, months or days)

3. (a) PRINT

FULL NAME Cindy Lou 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 Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if
alive years

7. Birth date of deceased Jan 13, 1948
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

0

0

9

hr. min.

9. Birthplace Washington

(City, town, or county)

Missouri

(State or foreign country)

10. Usual occupation

11. Industry or business

12. Name Louis W Blackwell

13. Birthplace Redbird, Missouri

(City, town, or county)

(State or foreign country)

14. Maiden name: Retha Rolsten

15. Birthplace Carthage, Missouri

(City, town, or county)

(State or foreign country)

16. (a) Informant Louis W Blackwell

(b) Address Union, Missouri

17. (a) Burial (b) Date thereof Jan 24, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zion Cemetery

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

(b) Address Union, Missouri

19. (a) JAN 24 1948

(Date received local registrar)

(b) [Signature]
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri V. (b) County Franklin
(c) City or town Washington, Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 22
year 1948 hour 11:00 minute P.M.

21. I hereby certify that I attended the deceased from
birth, 1948, to 1-22, 1948.
that I last saw him alive on 1-22, 1948,
and that death occurred on the date and hour stated above.

Immediate cause of death

Premature birth

Duration

Due to

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 sta-
tistically.

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 B. H. [Signature] (M. D. or other)

Address Union

Date signed 1-23-48

RECEIVED
District Health Officer No. 3
District No.
Date Filed 1-22-48

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.....

Burlan H. Johannaber, Registered Apprentice No. 474
working under my personal supervision.

Signed.....

Licensed Embalmer No. 2464

P. O. Address Washington 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.