S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 13 1948

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1867

Registration District No. 239 Primary Registration District No. ~~58-2-5~~ 4356 Registrar's No. 3

1. PLACE OF DEATH:
(a) County New Madrid
(b) City or town Parma
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓ (Specify whether
In this community 25 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County New Madrid
(c) City or town Parma
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ~~[illegible]~~

3. (a) PRINT FULL NAME LEE-BLACKMAN
3. (b) If veteran, name war NO
3. (c) Social Security No. None
4. Sex M 2
5. Color or race Colored
6. (a) Single, widowed, married, divorced divorced 3
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased Mar. (Month) 16 (Day) 1866 (Year)

8. AGE: Years	Months	Days	If less than one day
81	10	10	hr. min.

9. Birthplace Lake Village Ark. (City, town, or county) (State or foreign country)
10. Usual occupation Blind Since 8 yrs old
11. Industry or business ✓
FATHER
12. Name Henry Blackman
13. Birthplace Lake Village Ark. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Clora Taylor
15. Birthplace Lake Village Ark. (City, town, or county) (State or foreign country)
16. (a) Informant Ora Upchurch
(b) Address Parma Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb (Month) 1st (Day) 1948 (Year)
(c) Place: burial ~~or cremation~~ Cabron Mo
18. (a) Signature of funeral director Walkins Funeral Service
(b) Address Parma Mo
19. (a) 1-31-48 (Date received local registrar) (b) Dr Geo W Husted (Registrar's signature) 219

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 26 year 1948 hour 6 minute 00 P. M.
21. I hereby certify that I attended the deceased from 1-25-48, 19..., to 1-26-48, 19...; that I last saw him alive on 1-26-48, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Lobar Pneumonia	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 108	
Of autopsy	

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, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature [illegible] (M. D. or other) 160
Address 1-31-48 Date signed

(Licensed Embalmer's Statement on Reverse Side) Parma Mo

RECEIVED
District Health Office No. 2,
District File Number 248-202
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 Lyman W. Steele

Licensed Embalmer No. 2476

P. O. Address Dexter Me

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.