

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7797

State File No. _____

FILED APR 7 1948

Registration District No. _____

Primary Registration District No. 5114

Registrar's No. 213

1. PLACE OF DEATH:

(a) County Bollinger
(b) City or town rural (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 _____ years, months or days

3. (a) PRINT FULL NAME HENRY McCLELLAN BLACKWELL

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Archie B. Courtney 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb. 14, 1864 (Month) (Day) (Year)

8. AGE: Years 84 Months 0 Days 24 If less than one day _____ hr. _____ min.

9. Birthplace Marion Co. Indiana (City, town, or county) (State or foreign country)

10. Usual occupation Sawmilling

11. Industry or business _____

12. Name H. J. Blackwell
13. Birthplace Indiana (City, town, or county) (State or foreign country)

14. Maiden name Louisa Elizabeth Stevens
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant H. H. Blackwell
(b) Address Greenbrier, Mo.

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

(c) Place: burial or cremation Balch Cemetery

18. (a) Signature of funeral director W. S. Morgan

(b) Address Advanced Funeral Home

19. (a) Mar. 22, 48 (b) Miss Vandenberg (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri County Bollinger
(c) City or town rural (If outside city or town limits, write "RURAL")
(d) Street No. Near Greenbrier (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8 year 1948 hour 5 minute P. M.

21. I hereby certify that I attended the deceased from 2 _____, 1940, to Mar. 8, 1948, that I last saw him alive on Mar. 8, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy
arteriosclerosis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy 832

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? 2

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature C. G. Masters (M. D. or other) Do

Address Advance, Mo. Date signed 3-12-48

RECEIVED

District Health Officer No. 4
District File Number 448-448
Date Filed 4-6-48

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.....

William A. Morgan, Registered Apprentice No. 208
working under my personal supervision.

Signed.....

Licensed Embalmer No. 3361

P. O. Address Adrian, 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.