

FILED MAR 13 1948

Registration District No. 2-80

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

9760

State File No.

Primary Registration District No. 6-962

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Platte
(b) City or town Rushville (rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution R.F.D. # 1, Rushville, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 years
(Specify whether in this community years, months or days)

3. (a) PRINT FULL NAME JESSE W. BLACKMORE

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

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced. Married
6. (b) Name of husband or wife Minnie 6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased August 11, 1863
(Month) (Day) (Year)

8. AGE: Years 84 Months 6 Days 2 If less than one day hr. min.

9. Birthplace Troy Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer (retired)

11. Industry or business None

12. Name Benjamin F. Blackmore

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

14. Maiden name Elizabeth Jenkins

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

16. (a) Informant Minnie Blackmore (wife)

(b) Address Rt. # 1, Rushville, Mo.

17. (a) Burial, cremation, or removal Burial (b) Date thereof 2/17/48
(Month) (Day) (Year)

(c) Place: burial or cremation Sugar Creek Cemetery

18. (a) Signature of funeral director John C. Ruff
(b) Address 6054 Pryor Ave., City

19. (a) 3-2-48 (b) Alpha Rollins
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Platte
(c) City or town Rushville (rural)
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. # 1,
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 13, year 1948 hour 10 minute 52 P. M.

21. I hereby certify that I attended the deceased from Feb. 9, 1948, to Feb. 13, 1948
that I last saw him alive on Feb. 12, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Lobar Duration 5 days

Due to

Due to

Other conditions arteriosclerosis
(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? —

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

23. Signature R. J. Weston (M. D. or other) D.O.

Address Weston, Mo. Date signed 2/15/48

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RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

3-17-48

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, ~~only~~

working under my personal supervision.

Registered Apprentice No.

Signed

Licensed Embalmer No. 3986

P. O. Address St. Joseph, 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.