

FILED APR 24 1948

Registration District No. **38**

Primary Registration District No. **5120**

Registrar's No. **110**

1. PLACE OF DEATH:

(a) County **Boone**  
(b) City or town **Columbia RI**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **no**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community **Life**  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Boone** **10**  
(c) City or town **Columbia Rural** **00**  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME **Elizabeth M. Blackburn**

3. (b) If veteran, name war **A X** 3. (c) Social Security No. **A X**

4. Sex **F** / 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife **David Blackburn** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **Dec 13 1871**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**76** **3** **16** \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Lawrence Co Mo**  
(City, town, or county) (State or foreign country)

10. Usual occupation **House keeper**

11. Industry or business

MOTHER FATHER { 12. Name **Alva Sutton** **9**  
13. Birthplace **Dont Know** **9**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Rosa Bell Thomas**  
15. Birthplace **Dont Know** **9**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Rose Enoch's**

(b) Address **Columbia Mo RI**

17. (a) **Burial** (b) Date thereof **4-11-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New Salem Cem**

18. (a) Signature of funeral director **Powert**

(b) Address **Columbia Mo**

19. (a) **4-13-48** (b) **Mrs R E Palmer**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **9<sup>th</sup>**  
year **1948** hour **9:30** minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from **3-7** to **4-9** 19**48**  
**2** that I last saw her alive on \_\_\_\_\_ 19**48**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hem. About** Duration **3 days.**

Due to **2nd or 3rd stroke**

Due to **stroke**

Other conditions **fatal for two yrs.**  
(Include pregnancy within 3 months of death)

Major findings: Of operations **none**

Of autopsy **none**

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) **No**

(b) Date of occurrence **No**

(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? **No** (Specify type of place) (e) Means of injury **0**

23. Signature **W. P. Dyson** (M. D. or other) **M.D.**

Address **Columbia Mo** Date signed **4-10-48**

Date Filed APR 23 1948

District File Number

District Health Officer No. 9

RECEIVED

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

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed

*Lynman Sprinkle*

Licensed Embalmer No. 4013

P. O. Address Columbia, 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.