

FILED APR 19 1948
264

Registration District No. _____

Primary Registration District No. **4395**

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Ozark**
(c) City or town **Linnemont**
(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

Aron M. Blacksher

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **M**

5. Color or race **W**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Burtha**

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

7. Birth date of deceased **June 28 1886**
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **31**
year **1948** hour **10** minute **20 P.M.**

21. I hereby certify that I attended the deceased from **January 29**, 19**48**, to **January 31**, 19**48**.
That I last saw him alive on **Jan 31**, 19**48**, and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage** Duration **2 day**

8. AGE: Years **62** Months **7** Days **3**
If less than one day _____ hr. _____ min.

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

10. Usual occupation **Laborer**

11. Industry or business _____

12. Name **Wm R. Blacksher**

13. Birthplace **Linnemont Tenn**
(City, town, or county) (State or foreign country)

14. Maiden name **Rachel Miller**

15. Birthplace **Tenn**
(City, town, or county) (State or foreign country)

16. (a) Informant **Miss Bessie Jones**
(b) Address **Linnemont Mo**

17. (a) **Burial** (b) Date thereof **Feb 1 - 48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation **Billy Ridge**

18. (a) Signature of funeral director **Walter Jones**
(b) Address **Linnemont Mo**

19. (a) **2-2-48** (b) **Della C. Agnew**
(Date received local registrar) (Registrar's signature)

Due to _____

Due to _____

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

Major findings: Of operations _____
Of autopsy _____

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? _____

(e) Signature **M. J. Harrison** (M. D. or other) **MD**
Address **Linnemont Mo** Date signed **2-1-48**

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

770
0
0

RECEIVED
District Health Officer No. 67
District File Number 448-413
Date Filed MAR 15 1948

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 *Lawrence S. Hall*
Licensed Embalmer No. *2784*
P. O. Address *W. H. Home, Jr.*

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.