

FILED MAY 6 1948

Registration District No. 267

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6246

State File No. 15255

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Washington
(b) City or town Rural, Concord
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 1 mile south of Irondale
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution life (Specify whether years, months or days)

3. (a) PRINT
FULL NAMELindel Gary Blackwell

3. (b) If veteran,

name war no

3. (c) Social Security No.

none

4. Sex 0 male 5. Color or race white 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov 24 1947
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 4 14 hr. min.

9. Birthplace Irondale Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business

12. Name Roy Blackwell
13. Birthplace St. Francois Co. Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Helen Marler
15. Birthplace Irondale Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Roy Blackwell
(b) Address Irondale Missouri

17. (a) burial (b) Date thereof 4-9-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Irondale Missouri18. (a) Signature of funeral director White Funeral Home(b) Address at White Ironton, Missouri

19. (a) 4-30-48 (b) James E. Eichenlaub
(Date received local registrar) (Registrar's signature)

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Washington 10
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. 1 mile south of Irondale 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8
year 1948 hour 12 minute 30 PM

21. I hereby certify that I attended the deceased from Apr 7 - 1948 to Apr 8 - 1948
that I last saw him alive on Apr 8 - 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Double Bronch
Pneumonia 30y
Due to measles

Other conditions 3:5
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline
the cause of
which death
should be
charged sta-
tistically.

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? _____ Means of injury _____

23. Signature A. H. Gale (M. D. or other) 0
Address Bismarck Mo Date signed Apr 9-48

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

RECEIVED

District Health Officer No. 4

District File Number 548-582

Date Filed 5-5-48

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 Was not embalmed Registered Apprentice No. _____ working under my personal supervision.

Signed Rachel J. White

Licensed Embalmer No. 2012

P. O. Address Imperial, 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.