

FILED MAY 19 1948

Registration District No. **282**

Primary Registration District No. **5972**

Registrar's No. **52**

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

1. PLACE OF DEATH:

(a) County **Polk**
 (b) City or town **Flemington**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **1**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **35 yrs.**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Polk** **84**
 (c) City or town **Flemington** **0**
(If outside city or town limits, write "RURAL")
 (d) Street No. **0**
(If rural, give location)
 (e) Citizen of foreign country? **no** (Yes or No)
 If yes, name country: _____

3. (a) PRINT FULL NAME **William P. Blackwell**

3. (b) If veteran, name war: _____ 3. (c) Social Security No. _____

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **widowed**
 6. (b) Name of husband or wife **Nancy Blackwell** 6. (c) Age of husband or wife if alive **Dec. 27 1863** years
 7. Birth date of deceased **Feb. 27 1863**
(Month) (Day) (Year)

8. AGE: Years **83** Months **1** Days **28** If less than one day hr. _____ min. _____

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

10. Usual occupation **Retired**

11. Industry or business _____

MOTHER FATHER
 12. Name **James Blackwell**
 13. Birthplace **Unknown Tenn.**
(City, town, or county) (State or foreign country)
 14. Maiden name **Elizabeth Carter**
 15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. Cora McBracken**

(b) Address **Flemington, Mo.**

17. (a) **Burial** (b) Date thereof **April 28-1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Flemington Cemetery**

18. (a) Signature of funeral director **E. H. Gibson**

(b) Address **Flemington Mo.**

19. (a) **May 3, 1948** (b) **Ralph Garden**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **25**
 year **1948** hour **11** minute **05 P.M.**

21. I hereby certify that I attended the deceased from **Apr 23**
 _____, 1948, to **Apr 25**, 1948
 that I last saw him alive on **Apr 23**, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage** Duration _____

Due to _____

Due to _____

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

Major findings: _____
 Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury **2**

23. Signature **Dr. E. D. Brown** (M.D. or other) **D.O.**

Address **Callins Mo.** Date signed **4-29-48**

RECEIVED

District Health Officer No. 7,

District File Number 4-68-534

Date Filed 5-17-48

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, or by.....

Wm W. Hartman, Registered Apprentice No. not issued yet
working under my personal supervision.

Signed E. H. Himm

Licensed Embalmer No. 4282

P. O. Address Humansville, 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.