

FILED OCT 6 1948

Registration District No. 241

Primary Registration District No. 5998

Registrar's No. 70

1. PLACE OF DEATH:

(a) County PUTNAM
(b) City or town RURAL YORK TOWNSHIP
(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 _____ (Specify whether)
In this community LIFE TIME years, months or days

3. (a) PRINT FULL NAME LANCELETTE MARION BLACKMAN

3. (b) If veteran, name war WORLD WAR II 3. (c) Social Security No. 427-16-3176

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced DIVORCED

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if

7. Birth date of deceased AUGUST 22 1900
(Month) (Day) (Year)

8. AGE, 49 Years 11 Months 00 Days If less than one day
hr. min.

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

10. Usual occupation FARM

11. Industry or business FARMING

12. Name WILLIAM ORVAL BLACKMAN

13. Birthplace PUTNAM COUNTY MISSOURI
(City, town, or county) (State or foreign country)

14. Maiden name CORA ELMORE BALLARD

15. Birthplace PUTNAM COUNTY MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant William H. Blackman

(b) Address Unionville, Mo.

17. (a) BURIAL (b) Date thereof SEPT. 29 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation POWERSVILLE MO. CEMETERY

18. (a) Signature of funeral director COMSTOCK FUNERAL HOME

(b) Address UNIONVILLE, MO. BY J. W. Comstock

19. (a) 9-30-48 (b) Marshall Dunbar
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PUTNAM 86
(c) City or town POWERSVILLE 80
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT. day 26
year 1948 hour 6 minute P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Due to Died from hanging, rope tied around neck and over board in barn. Causing said party to be strangled to death.

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) suicide

(b) Date of occurrence Sept. 26, 1948

(c) Where did injury occur? Putnam Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? On Farm

While at work? No (Specify type of place) (e) Means of injury 3

23. Signature Chas. Fowler (M.D. or other)

Address Unionville Mo Date signed 9/27/48

RECEIVED

District Health Officer No. 10

District File Number 10-48-1719

OCT 14 1948
OCT 5 - 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

Richard P. Cassidy

Registered Apprentice No. 76

working under my personal supervision.

Signed

James W. Cornstock

Licensed Embalmer No. 4197

P. O. Address *Unionville, 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.