

FILED OCT 20 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 32130

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 338

1. PLACE OF DEATH:

(a) County. BUTLER

(b) City or town. POPLAR BLUFF  
(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 \_\_\_\_\_ 27 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME MARION LESLIE BLACKBURN

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 \_\_\_\_\_

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

7. Birth date of deceased FEB 28 1870  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

78 7 11 hr. \_\_\_\_\_ min.

9. Birthplace MITCHELLVILLE TENN  
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED CARPENTER

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name JOHN BLACKBURN

{ 13. Birthplace MITCHELLVILLE TENN  
(City, town, or county) (State or foreign country)

{ 14. Maiden name AMERICA WORLEY

{ 15. Birthplace MITCHELLVILLE TENN  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Lela McHadden

(b) Address 124 No 10th St Poplar Bluff Mo

17. (a) REMOVAL (b) Date thereof OCT 11 - 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ARMOR Cem MISSISSIPPI CO MO

18. (a) Signature of funeral director N. J. Phelps

(b) Address Poplar Bluff Mo

19. (a) OCT 21 1948 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County BUTLER

(c) City or town POPLAR BLUFF  
(If outside city or town limits, write "RURAL")

(d) Street No. 124 No 10th St  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT day 9  
year 1948 hour 2 minute 30 A M.

21. I hereby certify that I attended the deceased from 1 Sept  
1948 to 9 Oct 1948;  
that I last saw him alive on 8 Oct 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic pneumonia.

Duration \_\_\_\_\_

Due to Myocarditis

Due to arteriosclerosis

Other conditions Cystitis  
(Include pregnancy within 6 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy 930

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? 0

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_

23. Signature Cynthia R. ... Date signed 10 Oct 48  
Address Poplar Bluff Mo

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

RECEIVED

District Health Office No. 2,

District File Number 1048-1357

Case Filed 10-19-48

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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.....

Marshall C Blackwell....., Registered Apprentice No. 293  
working under my personal supervision.

Signed N. J. Phelps.....

Licensed Embalmer No. 3231.....

P. O. Address Poplar Bluff 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.