

FILED DEC 14 1948

Registration District No. 22

Primary Registration District No. 5691

Registrar's No. 26

## 1. PLACE OF DEATH:

(a) County Linn  
 (b) City or town Farker (Rural)  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Jefferson Township  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1 day 3 (Specify whether  
 years, months or days)

## 3. (a) PRINT FULL NAME

Roy Leonard Blackburn  
 3. (b) If veteran, name war  
 3. (c) Social Security No. 491-28-1678

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M  
 6. (b) Name of husband or wife Vedie Louina Blackburn 6. (c) Age of husband or wife if alive 36 years  
 7. Birth date of deceased September 3 1905  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
43 2 27 hr. min.

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

10. Usual occupation Truck Driver

11. Industry or business

12. Name (unknown) Blackburn

13. Birthplace unknown unknown  
 (City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Masters

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

16. (a) Informant Mrs. Vedie Blackburn

(b) Address 416 S. Caldwell, Brookfield, Mo.

17. (a) Burial (b) Date thereof Dec 3, 1948  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rose Hill Cemetery

18. (a) Signature of funeral director Hill Funeral Home

(b) Address Brookfield, Missouri

19. (a) Dec 2-1948 (b) Chris G. Martens  
 (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 Linn 58  
 (c) City or town Brookfield  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 416 South Caldwell  
 (If rural, give location)  
 (e) Citizen of foreign country? (Yes or No)  
 If yes, name country

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 30  
 year 1948 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from 11-30  
 1948, to 11-30 1948;

that I last saw him alive on Dec 11-30 1948;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Electrocution Duration

Due to

Due to

Other conditions None  
 (Include pregnancy within 3 months of death)

Major findings:

Of operations no 193

Of autopsy no 11

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accidental

(b) Date of occurrence 11-30-48

(c) Where did injury occur? Farker Linn Mo 58  
 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Working on High Line  
 While at work? yes (Specify type of place)  
 Means of injury Electrocution

23. Signature Ervin T. Olson M.D.

Address Brookfield Mo Date signed 12-1-48

## PHYSICIAN

Underline the cause of which death should be charged statistically.

DEC 26 1938  
DISTRICT HEALTH OFFICE  
Washington, Mo.

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 \_\_\_\_\_

*J. W. Blacklocke*

Licensed Embalmer No. \_\_\_\_\_

*2246*

P. O. Address \_\_\_\_\_

*Brookfield 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.