

No. 300  
-10-47  
-5-17-39  
I 3905

FILED NOV 22 1948  
Registration District No. 198/1

Primary Registration District No. 4484

Registrar's No. 25

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

1. PLACE OF DEATH

(a) County SCOTT

(b) City or town COMMERCE  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: AT HOME  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No (Specify whether)

In this community 30 YEARS  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County SCOTT

(c) City or town COMMERCE  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME EVAFISHER BLACKWELL

3. (b) If veteran, L name war \_\_\_\_\_

3. (c) Social Security No. L

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 13<sup>TH</sup>  
year 1948 hour 7 minute 45 P.M.

4. Sex FEMALE 5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife WM. BLACKWELL

6. (c) Age of husband or wife if alive 7 years

7. Birth date of deceased: DEC 4 1871  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from NOV. 12 1948, 19\_\_\_\_ to NOV. 13 1948, 19\_\_\_\_; that I last saw h. or alive on NOV. 13 1948 and that death occurred on the date and hour stated above.

8. AGE: Years 77 Months 11 Days 9 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death Chronic myocarditis

Due to Senility

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

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

10. Usual occupation HOUSEWIFE

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

Of autopsy 4/2/48

11. Industry or business "

12. Name JOHN BEAROSKEE

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

14. Maiden name MARY G. RANNEY

15. Birthplace CADE GRADEAU COUNTY MO  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ester Parby

(b) Address Commerce, Mo

17. (a) BURIAL (b) Date thereof NOV 15 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation JACKSON, MO

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

(b) Address Illmo, Mo

19. (a) 11-17-48 (b) Mrs Addie Harris  
(Date received local registrar) (Registrar's signature)

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 \_\_\_\_\_

23. Signature [Signature] (M. D. or other) [Signature]

Address Illmo, Mo. Date signed 11-14-48

RECEIVED

District Health Office No. 2,

District File Number 1148-1555

Date Filed 11-19-48

DEC 16 1948

DEC 4 1951

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 Ollive C. Amick

Licensed Embalmer No. 4470

P. O. Address Illmo, 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.