

UNITED STATES OF AMERICA  
STANDARD CERTIFICATE OF DEATH

State File No. **39495**  
Registrar's No. **362**

FILED DEC 22 1948

Registration District No. **47**

Primary Registration District No. **3008**

1. PLACE OF DEATH:

(a) County **Callaway**  
(b) City or town **Fulton**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **State Hospital** **201 2**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **4 mo** (Specify whether years, months or days)  
In this community **4 mo**

3. (a) PRINT

FULL NAME **George R. Blackwell**

3. (b) If veteran,

name war **none**

3. (c) Social Security

No. **none**

4. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married; divorced **Married**

6. (b) Name of husband or wife **Mary E. Blackwell**

6. (c) Age of husband or wife if alive **83** years

7. Birth date of deceased **Nov** (Month)

**14** (Day) **1866** (Year)

8. AGE:

**82**

Years

Months

**-**

Days

**28**

If less than one day

hr. min.

9. Birthplace

**Mo**

(City, town, or county)

(State or foreign country)

10. Usual occupation

**Farmer**

11. Industry or business

**Rubin Blackwell**

12. Name

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant

**Hospital Records**

(b) Address

**Fulton**

17. (a)

**Burial**  
(Burial, cremation, or removal)

(b) Date thereof

**12/15/48**  
(Month) (Day) (Year)

(c) Place: burial or cremation

**Grand Prairie Cemetery**

18. (a) Signature of funeral director

**James F. Miller**

(b) Address

**1213-1948**

19. (a)

**12-13-1948**  
(Date received local registrar)

(b)

**James F. Miller**  
(Registrar's signature)

(Licensed Embalmer (Statement on Reverse Side))

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Randolph**  
(c) City or town **Sairo** (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 **Dec** day **12**  
year **1948** hour **12:20** minute **A** M.

21. I hereby certify that I attended the deceased from **Sudden**  
**death** 19 to 19  
that I last saw him alive on **Dec 11-1948**  
and that death occurred on the date and hour stated above.

Immediate cause of death

**Senile, Simple deterioration**

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)

(c) Means of injury

23. Signature

**M. J. Miller**

(M. D. or other)

Address

**Fulton**

Date signed

**12/12/48**

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

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed DEC 21 1948

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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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... *R. M. Cator* .....

Licensed Embalmer No. *4117*

P. O. Address. *Moherly 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.