FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 16 1949

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42367

Registration District No. 21 Primary Registration District No. 5085 Registrar's No.

1. PLACE OF DEATH:
(a) County Bates
(b) City or town Rural Westpoint Twnp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 10 Days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Bates
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Judy Kay Blackmon
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov. (Month) 10 (Day) 1948 (Year)

8. AGE: Years | Months | Days 20 | If less than one day hr. min.

9. Birthplace Jackson Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation
11. Industry or business

FATHER
12. Name Billy Blackmon
13. Birthplace Bates (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Doris Mossman
15. Birthplace Peculiar (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Billy Blackmon
(b) Address
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-1-48 (Month) (Day) (Year)
(c) Place: burial or cremation Westpoint Cem.
18. (a) Signature of funeral director Archer-Mangold
(b) Address Amsterdam, Mo.
19. (a) 12-1-48 (Date received local registrar) (b) L. A. Mangold (Registrar's signature)

MEDICAL CERTIFICATION

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

21. I hereby certify that I attended the deceased from Nov 24 1948 to Nov 30 1948; that I last saw her alive on Nov 29 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Status Thymicolymphaticus	6 da
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Basil B Hartwell (M. D. or other)
Address Drexel Mo. Date signed 12/1 48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

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 L. A. Mangold

Licensed Embalmer No. 3610

P. O. Address Amsterdam 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.