

27605
State File No.
Registrar's No. 13

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

BIRTH NO. _____		REG. DIST. NO. <u>233</u>		PRIMARY REG. DIST. NO. <u>4348</u>		Registrar's No. <u>13</u>			
1. PLACE OF DEATH a. COUNTY <u>MONTGOMERY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>MONTGOMERY</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wellsville</u>		c. LENGTH OF STAY (In this place) <u>3 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wellsville</u>		<u>0790</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>				d. STREET ADDRESS (If rural, give location) <u>501 W. Bates</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>FLETCHER</u> b. (Middle) <u>WOODSMALL</u> c. (Last) <u>BLACKWELL</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>August 20, 1950</u>					
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>Nov. 18, 1886</u>			
9. AGE (In years last birthday) <u>63</u>		10. UNDER 1 YEAR Months <u>9</u> Days <u>6</u>		11. UNDER 28 Hrs. <u>0</u> Mins. <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Red Mail Clerk</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Mail Clerk</u>					
11. BIRTHPLACE (State or foreign country) <u>Bedford Indiana</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>					
13a. FATHER'S NAME <u>Dr. J. A. Blackwell</u>				13b. MOTHER'S MAIDEN NAME <u>Caroline E. Wolfe</u>		14. NAME OF HUSBAND OR WIFE <u>Georgia W. Blackwell</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____				16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Georgia W. Blackwell Wellsville, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis + Myocardial degeneration</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>prostatic</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>?</u>	
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION <u>prostatic</u>					
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>									
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR _____					
22. I hereby certify that I attended the deceased from <u>June 20, 1950</u> , to <u>August 20, 1950</u> , that I last saw the deceased alive on <u>August 20, 1950</u> , and that death occurred at <u>9 P. M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>J. G. Beland M.D.</u>				23b. ADDRESS <u>Wellsville, Mo.</u>		23c. DATE SIGNED <u>8/22/50</u>			
24. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8/22/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wellsville City</u>		24d. LOCATION (City, town, or county) (State) <u>Wellsville, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>8/22/50</u>		REGISTRAR'S SIGNATURE <u>W. S. Romans Sr.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>D. W. ... Wellsville, Mo.</u>					

(Licensee Embalmer's Statement on Reverse Side)

File No. _____
DISTRICT HEALTH OFFICE No. 4

RECEIVED
AUG 29 1950

SEP 2 1950

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

Licensed Embalmer No. 4136

P. O. Address Montgomery City, Pa.

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.