b. 300
b. 49

State File No. **15070**

BIRTH NO. _____ REG. DIST. NO. **43** PRIMARY REG. DIST. NO. **5135** Registrar's No. **317**

1. PLACE OF DEATH
a. COUNTY BuTler

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Qulin Rt. 2

c. LENGTH OF STAY (in this place) 4 years

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Ash Hill Twp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo.

b. COUNTY Butler

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Qulin Rt. 2 0 120 0

d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Jessie
b. (Middle) Lenord
c. (Last) Blackwell

4. DATE OF DEATH (Month) (Day) (Year) May 18, 1954

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Dec 7, 1870
9. AGE (In years last birthday) 83 | Months | Days | Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Tennessee
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Robert Blackwell
13b. MOTHER'S MAIDEN NAME Nancy — Unknown
14. NAME OF HUSBAND OR WIFE Widowed

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. no
17. INFORMANT'S SIGNATURE OR NAME Walter C. Blackwell ADDRESS Qulin, Mo. Rt. 2

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterio sclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION none 331 X
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify) no
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) ___ m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-1, 1954, to 5-18, 1954, that I last saw the deceased alive on 5-10, 1954, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M. Henrichsen M D
23b. ADDRESS Poplar Bluff mo
23c. DATE SIGNED 5-18-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 5-30-1954
24c. NAME OF CEMETERY OR CREMATORY New Hope
24d. LOCATION (City, town, or county) (State) Pollard, Ark.

DATE REC'D BY LOCAL REG. 5/18/54
REGISTRAR'S SIGNATURE 487 Glta Minttle
25. FUNERAL DIRECTOR'S SIGNATURE Lloyd Russell ADDRESS Piggott, Ark.

(Licensed Embalmer's Statement on Reverse Side)

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_____

_____, **Student Embalmer No.** _____

working under my personal supervision.

Student ....
Student Embalmer

Signed _Leroy J. Tyler_

Licensed Embalmer No. _4941_ _m_

P. O. Address _Piggott, Ar_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply v
the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.