CHED ADD	7 1958	THE DIVISION OF H		ATH . s.d	580	09371
FILED APR	/ 1350	REG. DIST. NO	_PRIMARY REG. DIST.		istrar's No	2.8
1. PLACE OF DEA	TH		2. USUAL RESID	ENCE (Where deconsed	lived. If insti	itution: residence bei
a. COUNTY			ll a STATE	souri b, co	UNTY	
b. CITY (If outside cor		URAL and sive C. LENGTH O	- !	BOUL I		
OR	_	township) STAY (in this place	e) OR		a city o	dence within limits of or incorporated town? No
	lem	Years	_		L	R
HOSPITAL OR	=	astitution, give street address or location	ADDRESS	(If rural, give location)		
	<u>Hart Cli</u>		- (1 - 1)			
3. NAME OF DECEASED	a. (First)	b. (Middle)	c. (Last)	4. DATE OF	(Month)	(Day) (Year)
(Type or Print)	MARY	ELIZABETH	BLACKVELI		* * * * * * * * * * * * * * * * * * * 	<u>4 1958</u>
5, SEX / 6. (COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8, DATE OF BIRTH	9, AGE (In yo last birthda)	nare if them i	
$_{ m Female}/\mid_{ m W}$	hite	Widowed 2	April 26 1	.869 88		
Oa. USUAL OCCUPATIO	N (Give kind of work	10b, KIND OF BUSINESS OR IN	- 11. BIRTHPLACE	ity and State or Foreign C	marry I	12. CITIZEN OF WH
done during most of workin	g life, even if retired)	DUSTRY	۲) "		- 1	COUNTRY? USA
<u> Housewife</u>		At home		County, Miss		
3a. FATHER'S NAME		136. MOTHER'S MAIDE				
<u>Harrison H</u>	aley	Sarah Palm	η <u>r</u>	Henry Blac		
5. WAS DECEASED EVEI).			ADDRESS
No		None	Everett Bl	ackwell Rte	<u> 2 Sa</u>	lem No
18. CAUSE OF DEATH		MEDICAL	CERTIFICATION		_	INTERVAL BETWEE
Enter only one cause per ine for (a), (b), and (c)	I. DISEASE OR CO DIRECTLY LEAD	ONDITION ING TO DEATH*(a)	Acenoma -	abdonument		7
*This does not mean	ANTECEDENT CA		Mian.	Lucian		J
the mode of dying, such	Morbid condition	s, if any, giving DUE TO (b) ause (a) stating use last.		0.04.04.0		
as heart failure, asthenia,	the underlying car	ause (a) staing use last.	U			1
						į.
		DUE TO (c)				
ease, injury, or complica-		DUE TO (e) FICANT CONDITIONS				
ease, injury, or complica-		DUE TO (e) FICANT CONDITIONS				
ease, injury, or complica- tion which caused death.	Conditions contril related to the disea	DUE TO (c) FICANT CONDITIONS buting to the death but not use or condition causing death.				20. AUTOPSY?
ease, injury, or complica- tion which caused death.	Conditions contril related to the disea	DUE TO (e) FICANT CONDITIONS			1992	·
case, injury, or complica- tion which caused death. 19a. DATE OF OPERA- TION	Conditions contril related to the disea	DUE TO (c) FICANT CONDITIONS ruling to the death but not use or condition causing death. DINGS OF OPERATION	a 21c (CITY TOWN OF		1992_	20. AUTOPSY7 YES NO (STATE)
rase, injury, or complica- tion which caused death. 19a. DATE OF OPERA- TION	Conditions contril related to the disea 19b. MAJOR FIN	DUE TO (c) FICANT CONDITIONS buting to the death but not use or condition causing death.	nt 21c. (CITY, TOWN, OF		1992 COUNTY)	YES NO
19a. DATE OF OPERA- TION 21a. ACCIDENT SUICIDE HOMICIDE	Conditions contril related to the disea 19b. MAJOR FINE (Specify)	DUE TO (c) FICANT CONDITIONS outing to the death but not use or condition causing death. DINGS OF OPERATION 21b. PLACE OF INJURY (e.g., in or abor home, farm, factory, street, office bldg., etc.	.	R TOWNSHIP) (YES NO
ease, injury, or complica- ion which caused death. 19a. DATE OF OPERA- TION 21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Manth) OF	Conditions contril related to the disea 19b. MAJOR FINE (Specify)	DUE TO (c) FICANT CONDITIONS butting to the death but not use or condition causing death. DINGS OF OPERATION 21b. PLACE OF INJURY (s.g., in or abort bome, farm, factory, street, office bldg., etc. (Hour) 21e. INJURY OCCURRED	.	R TOWNSHIP) (YES NO
19a. DATE OF OPERATION 21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Manth)	Conditions contril related to the disea 19b. MAJOR FINE (Specify)	DUE TO (c) FICANT CONDITIONS outing to the death but not use or condition causing death. DINGS OF OPERATION 21b. PLACE OF INJURY (e.g., in or abor home, farm, factory, street, office bldg., etc.	.	R TOWNSHIP) (YES NO
case, injury, or complica- tion which caused death. 19a. DATE OF OPERA- TION 21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Month) OF INJURY	Conditions contril related to the disea 19b. MAJOR FINI (Specify) (Day) (Year)	DUE TO (c) FICANT CONDITIONS Puting to the death but not use or condition couring death. DINGS OF OPERATION 21b. PLACE OF INJURY (e.g., in or abort both and in the condition couring death. DINGS OF OPERATION 21b. PLACE OF INJURY (e.g., in or abort both and in the couring death. DINGS OF OPERATION 21b. INJURY OCCURRED WHILE AT WORK AT WORK	211. HOW DID INJUR	Y OCCUR?	COUNTY)	YES NO (STATE)
TION 21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Monus) OF INJURY 22. I hereby certify t	Conditions contril related to the disea 19b. MAJOR FINI (Bpecity) (Day) (Year)	DUE TO (c) FICANT CONDITIONS FICANT CONDITIONS DIVINGS OF OPERATION 21b. PLACE OF INJURY (e.g., in or abort bottom, farm, factory, street, office bidg., eve WHILE AT WORK The, deceased from	211. HOW DID INJUR	Y OCCUR?	COUNTY)	(STATE)
19a. DATE OF OPERATION 21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Manus) OF INJURY 22. I hereby certify talive on	Conditions contril related to the disea 19b. MAJOR FINI (Bpecity) (Day) (Year)	DUE TO (c) FICANT CONDITIONS muting to the death but not use or condition causing death. DINGS OF OPERATION 21b. PLACE OF INJURY (e.g., in or abord bome, farm, factory, street, office bldg., etc. (Hour) 21e. INJURY OCCURRED WHILE AT WORK AT WORK The deceased from 6/2	211. HOW DID INJUR 211. HOW DID INJUR 3., 1941, to	Y OCCUR?	COUNTY)	(STATE) (STATE) (saw the deceased above.
19a. DATE OF OPERATION 21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Manus) OF INJURY 22. I hereby certify talive on	Conditions contril related to the disea 19b. MAJOR FINI (Bpecity) (Day) (Year)	DUE TO (c) FICANT CONDITIONS putting to the death but not use or condition causing death. DINGS OF OPERATION 21b. PLACE OF INJURY (e.g., in or above home, farm, factory, street, office bldg., etc. (Hour) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE WORK AT WORK Line deceased from 6/2 And that death occurred a (Degree or title)	211. HOW DID INJUR 211. HOW DID INJUR 21. 1944, to	Y OCCUR? 4/4, 1958 the causes and on the	, that I lass date states	t saw the deceased above.
case, injury, or complica- tion which caused death. 19a. DATE OF OPERA- TION 21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Month) INJURY 22. I hereby certify to alive on 44 23a. SIGNATURE	Conditions contril related to the disease 19b. MAJOR FINI (Bpacity) (Day) (Year) hat I atlended to the disease 19b. MAJOR FINI Market 195	DUE TO (c) FICANT CONDITIONS muting to the death but not use or condition causing death. DINGS OF OPERATION 21b. PLACE OF INJURY (e.g., in or abord bome, farm, factory, street, office bldg., etc. (Hour) 21e. INJURY OCCURRED WHILE AT WORK AT WORK The deceased from 6/2	211. HOW DID INJUR 211. HOW DID INJUR 21. 1944, to	TOWNSHIP) Y OCCUR? The causes and on the causes and on the leaves and leaves. 24d. LOCATION (City, 1)	, that I lass date stated	t saw the deceased above. Z3c. DATE SIGNE 45 5 5 5 5 5 5 5 5
case, injury, or complication which caused death. 19a. DATE OF OPERATION 21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Month) OF INJURY 22. I hereby certify talive on 423a. SIGNATURE	Conditions contril related to the disease 19b. MAJOR FINI (Bpecity) (Day) (Year) hat I attended to the disease 19b. MAJOR FINI 24b. DATE	DUE TO (c) FICANT CONDITIONS Duting to the death but not use or condition causing death. DINGS OF OPERATION 21b. PLACE OF INJURY (e.g., in or above farm, factory, street, office bidg., etc. (Hour) 21e. INJURY OCCURRED Mork Not While AT Work Land Work Land Courted a (Degree or tile) 24c. NAME OF CEMETI	211. HOW DID INJUR 211. HOW DID INJUR 21. 1944, to	Y OCCUR? 4/4, 1958 the causes and on the	, that I lass date stated	t saw the deceased above. Z3c. DATE SIGNE 45 5 5 5 5 5 5 5 5
19a. DATE OF OPERATION 21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Month) OF INJURY 22. I hereby certify talive on Home	Conditions contril related to the disease 19b. MAJOR FINI (Bpecity) (Day) (Year) hat I attended to the disease 19b. MAJOR FINI (Bpecity) (Day) (Year) Attended to the disease 19b. MAJOR FINI REGISTRARS	DUE TO (c) FICANT CONDITIONS Futing to the death but not use or condition causing death. DINGS OF OPERATION 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., eve while at work at work at work at work and that death occurred a condition death occurred a condition of the deceased from and that death occurred a condition of the deceased from and that death occurred a condition of the deceased from and that death occurred a condition of the deceased from and that death occurred a condition of the deceased from and that death occurred a condition of the deceased from and that death occurred a condition of the deceased from and that death occurred a condition of the deceased from and that death occurred a condition of the deceased from and that death occurred a condition of the deceased from a condition occurred a condition occ	211. HOW DID INJUR 211. HOW DID INJUR 211. HOW DID INJUR 212. 30Am., from 23b. ADDRESS 22b. ADDRESS 22cery or CREMATORY Cemetery	TOWNSHIP) Y OCCUR? The causes and on the causes and on the leaves and leaves. 24d. LOCATION (City, 1)	that I lass date states	t saw the deceased above. Z3c. DATE SIGNE 45 5 5 5 5 5 5 5 5



STATEMENT BY LICENSED EMBALMER

I he	ereby certify that the	body whose name i	s recorded on the	reverse side	of this certificate	was emba
by me, o	r by		• • • • • • • • • • • • • • • • • • • •	Stı	ident Embalmer No)

working under my personal supervision..

Signature of Student Embalmer

Student

Signed Max C Warful

P. O. Address Salu

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.