

Primary Registration District No. 5507

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

1. PLACE OF DEATH:

(a) County... HENRY

(b) City or town... La Due (Davis township)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
at home
(If not at hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution...
In this community... 4 yrs. (53 yrs in Henry Co.)
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Mo (b) County... Henry

(c) City or town... La Due
(If outside city or town limits, write "RURAL")

(d) Street No. (at home) 7 E. Huntington
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country...

3. (a) PRINT FULL NAME ELIZA JANE Dady

3. (b) If veteran, name war... -

3. (c) Social Security No. -

4. Sex Fe! 5. Color or race W

6. (a) Single, widowed, married, divorced... married

6. (b) Name of husband or wife... M. C. Dady

6. (c) Age of husband or wife if alive... 85 years

7. Birth date of deceased... Sept 15 1868
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>79</u>	<u>8</u>	<u>18</u>	hr. min.

9. Birthplace... Mo. 1
(City, town, or county) (State or foreign country)

10. Usual occupation... housewife

11. Industry or business...

MOTHER FATHER

12. Name... George Blackburn

13. Birthplace... (in home) Scotland
(City, town, or county) (State or foreign country)

14. Maiden name... Eliza Jane (Blackburn)

15. Birthplace... (in home) Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant... M. C. Dady

(b) Address... La Due Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof... 6-6-48
(Month) (Day) (Year)

(c) Place: burial or cremation... Proconington Bur.

18. (a) Signature of funeral director... Fred Wilkinson

(b) Address... Clinton Mo.

19. (a) 6-5-48 (Date received local registrar) (b) R. R. Kermey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month... E day... 3
year... 1948 hour... 5 minute... 35 P.M.

21. I hereby certify that I attended the deceased from... only 2 June 1948
that I last saw h... alive on 2 June 1948
and that death occurred on the date and hour stated above.

Duration

Immediate cause of death... chronic myocarditis unknown

Due to...
Due to...

Other conditions... chronic hepatitis & cholecystitis
(include pregnancy within 3 months of death)

Major findings:
Of operations... 93

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 (Specify means of injury)

23. Signature... James Smith (M. D. or other) MD
Address... Clinton, Mo. Date signed... 6-4-48

RECEIVED
District Health Officer No. 7,
District File Number 5-48-618
Date Filed 6-2-48

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 _____

W. R. Reavis jr.

Registered Apprentice No. 517

working under my personal supervision.

Signed _____

Fred Wilkinson

Licensed Embalmer No. 2478

P. O. Address *Clanton 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.