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10-47
17-39
3906

FILED AUG 5 1948

Registration District No. 137

Primary Registration District No. 5513

Registrar's No. 157

1. PLACE OF DEATH:

(a) County Henry Clinton

(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 10 miles East of Clinton
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Reserve Inn
(Specify whether _____)

In this community 6 mo
years, months or days)

3. (a) PRINT FULL NAME Le Roy Blackaby

3. (b) If veteran, name war ✓

3. (c) Social Security No. _____

4. Sex MC

5. Color or race W

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

6. (b) Name of husband or wife Vela Viola Blackaby

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased 4-25-1897
(Month) (Day) (Year)

| | | | | |
|---------|-----------|----------|----------|----------------------|
| 8. AGE: | Years | Months | Days | If less than one day |
| | <u>61</u> | <u>3</u> | <u>0</u> | hr. min. |

9. Birthplace Sioux City Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Engineer

11. Industry or business 1541 Construction Worker

12. Name Henry Morris Blackaby

13. Birthplace Lewistown Ill
(City, town, or county) (State or foreign country)

14. Maiden name Mary M. Reed

15. Birthplace Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant Eugene LeRoy Blackaby

(b) Address Clinton Mo

17. (a) Burial (b) Date thereof 7-29-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calpoun Mo

18. (a) Signature of funeral director Fred Williams

(b) Address Clinton Mo

19. (a) 7-28-48 (b) R. R. Kenney
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry

(c) City or town Montrose Mo
(If outside city or town limits, write "RURAL")

(d) Street No. Bear Creek Group
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 25
year 1948 hour 8 minute PM

21. I hereby certify that I attended the deceased from March 7, 1948, to Feb 15, 1948
that I last saw him alive on Feb 15, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death coronary emboli

Due to arteriosclerosis

Duration _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to 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? _____

While at work? _____ (Specify type of place) (a) Means of injury _____

23. Signature R. R. Kenney (M. D. or other) _____
Address Clinton Mo Date signed 7/26/48

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

RECEIVED
District Health Officer No. 7,
District File Number 7-48-822
Date Filed 8-4-48

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Fred Wilkerson
Licensed Embalmer No. 2478
P. O. Address Clinton Md

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.