National Office of Vital Statistics

STANDARD CERTIFICATE OF DEATH

State File No. 37263

FILED DEC 14 1948

Registration District No. [illegible] Primary Registration District No. 3038 Registrar's No. 101

1. PLACE OF DEATH:

(a) County: Lynn

(b) City or town: Brookfield Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: McLarney Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 20 days (Specify whether)

In this community: Lifetime (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Linn

(c) City or town: Brookfield (If outside city or town limits, write "RURAL")

(d) Street No.: 5 Miles S.E. of Purdin (If rural, give location)

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

If yes, name country:

3. (a) PRINT FULL NAME: George Sherman Blackburn

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: M

5. Color or race: W

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

6. (b) Name of husband or wife: Myrtle Blackburn

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

7. Birth date of deceased: Mar. (Month) 20 (Day) 1890 (Year)

8. AGE: Years 58 Months 8 Days 10 If less than one day: hr. min.

9. Birthplace: Near Purdin Mo. (City, town, or county) (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business:

FATHER

12. Name: James Blackburn

13. Birthplace: Brookfield Mo. (City, town, or county) (State or foreign country)

MOTHER

14. Maiden name: Mary Ellen Hale

15. Birthplace: Purdin Mo. (City, town, or county) (State or foreign country)

16.-(a) Informant: Mrs. J. Blackburn

(b) Address: Peoria Ill.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec 2 1948 (Month) (Day) (Year)

(c) Place: burial or cremation: Grove Hill Cemetery

18. (a) Signature of funeral director: Homer Bowden

(b) Address: Brookfield Mo.

19. (a) 12-8-48 (Date received local registrar) (b) Walter Brown (Registrar's signature) 167

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 30

year 1948 hour 7 minute A.M.

21. I hereby certify that I attended the deceased from Nov 27, 1948 to Dec 29, 1948 that I last saw him alive on Dec 29, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Diabetes Mellitus	12 yrs
Due to: Diabetic Coma	4 days
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations:
Of autopsy: (6)

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? Means of injury: (0)

23. Signature: Ray Hale (M. D. or other) Md

Address: Brookfield Mo. Date signed:

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Homer H Bowden

Licensed Embalmer No. 3295

P. O. Address Brookfield Mo

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

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