

S. No. 2
M-2-43
5-17-39
X35627

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2424

State File No.

FILED FEB 11 1944

Registration District No. 303

Primary Registration District No. 3011

Registrar's No. 7

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

1. PLACE OF DEATH:

(a) County Carroll

(b) City or town Carrollton

(c) Name of hospital or institution: 608 W. Lincoln
(If not in hospital or institution, write street number or location)

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

In this community life years, months or days

3. (c) PRINT FULL NAME FRED-OLIVER-BLACKBURN

3. (b) If veteran, name war 700 3. (c) Social Security No. 700

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife Shield 6. (c) Age of husband or wife if alive Shield years

7. Birth date of deceased Dec. 12, 1943
(Month) (Day) (Year)

8. AGE:			If less than one day
Years	Months	Days	
	<u>1</u>	<u>3</u>	hr. min.

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

10. Usual occupation Shield

11. Industry or business _____

MOTHER FATHER { 12. Name Ry Blackburn

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

14. Maiden name Minnie Croner

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

16. (a) Informant Ry Blackburn
(b) Address Carrollton Mo.

17. (a) Removal (b) Date thereof 1-16-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Hill

18. (a) Signature of funeral director Willis Marshall
(b) Address Carrollton Mo.

19. (a) 1-16-44 (b) Mrs James Ruffity
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carroll

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

(d) Street No. 608 W. Lincoln
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 15 year 1944 hour 7 minute 45 M.

21. I hereby certify that I attended the deceased from Jan 15, 1944 to Jan 15, 1944 that I last saw him alive on Jan 15, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Influenza

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 33a

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) (c) Manner of injury _____
23. Signature J. H. Hamilton M. D. or other _____
Address Carrollton Mo. Date signed Jan 16 1944

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 2-8-44

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 myself.....

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

Signed R. M. Marshall.....

Licensed Embalmer No. 2525.....

P. O. Address Carroll 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.