

Registration District No. 250

Primary Registration District No. 4150

1. PLACE OF DEATH:

(a) County Daviess
(b) City or town Gallatin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: XX
(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. (a) PRINT FULL NAME Jennie Blackburn 421

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced. Married
6. (b) Name of husband or wife Elmer Blackburn 6. (c) Age of husband or wife if alive 83 years
7. Birth date of deceased April 23 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 6 4 hr. min.

9. Birthplace Daviess County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Jessie Baldwin
13. Birthplace Unknown Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Esther Drummond
15. Birthplace Daviess County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature M. E. Blackburn
(b) Address Gallatin, Missouri

17. (a) Burial (b) Date thereof 10-29-39
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Brown Cemetery

18. (a) Signature of funeral director Hope Turu Hudca
(b) Address Gallatin, Missouri 294

19. (a) Oct 28-39 (b) H. H. Hope
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Daviess
(c) City or town Gallatin
(If outside city or town limits, write "RURAL")
(d) Street No. XX (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 27
year 1939 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from Oct 27 to Oct 27 and that I last saw him alive on Oct 26 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
Due to Pneumonia of the

Other conditions (Include pregnancy within 3 months of death) None

Major findings: Of operations _____
Of autopsy _____

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 W. J. Graham (M. D. or other) 1939
Address _____ Date signed _____

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

FORM 1318-1

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED
District Clerk's Office No. 11,
District of Columbia
Date Filed NOV 15 1939

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 L. O. Richesson

Licensed Embalmer No. 3302

P. O. Address Gallatin 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, above space should be left blank.