

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

1650
Do not use this space.

FILED FEB 6 1940

1. PLACE OF DEATH
 (a) County Boone Registration District No. 73
 (b) Township Columbia Primary Registration District No. 3006
 (c) City Columbia (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Fannie Blackman
 (a) Residence, No. 607 R.R. 14 St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Geo Blackman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1860

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>80</u>			

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as saw mill, bank, etc. Housekeeper

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know 9

FATHER

13. NAME Wm Jackson 9

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know 9

MOTHER

15. MAIDEN NAME Do not know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know

17. INFORMANT (ADDRESS) Alex Hicks
R. F. B. Columbia Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Cal. Cem DATE 1-31, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) A. C. Freeman
409 Park Ave Columbia Mo

20. FILED 2/3/ 1940 Allie Selby
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-29, 1940

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h_____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 11 a. m.

The principal cause of death, and related causes of importance were as follows:
Chronic Myocarditis Date of onset _____
Procehal Membrane
93C
 Other contributory causes of importance:
General Arteriosclerosis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) Stephen D Neuman, M. D.
714 (Address) Columbia

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.

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 me

A. C. Freeman

Registered Apprentice No. 2837

working under my personal supervision.

Signed

A. C. Freeman

Licensed Embalmer No. 2837

P. O. Address 608 Park Ave. Coler

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.