

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 21 1941 MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14638

Registration District No. 328

Primary Registration District No. 3017

Registrar's No.

1. PLACE OF DEATH:

(a) County Grundy
(b) City or town Trouton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

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

In this community _____ years, months or days)

3. (a) PRINT FULL NAME Mary Ann Blackman

3. (b) If veteran, name war ✓ 3. (c) Social Security No. none

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

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

7. Birth date of deceased: Jan 1857
(Month) (Day) (Year)

8. AGE: Years 83 Months 1 Days - If less than one day _____ hr. _____ min.

9. Birthplace Aquawka Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Richard Wm. Henry Blackman

13. Birthplace London 4 England
(City, town, or county) (State or foreign country)

14. Maiden name Mary Garrett

15. Birthplace London 4 England
(City, town, or county) (State or foreign country)

16. (a) Informant Myrtle Ford

(b) Address Trouton Mo

17. (a) Burial (b) Date thereof Jan 21 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wetzel - New York

18. (a) Signature of funeral director Wetzel & Son

(b) Address Wetzel Mo

19. (a) 1-21-41 (b) Irene D Jarr
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Grundy

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

(d) Street No. 1811 - E 9th St
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 20
year 1941 hour 8 minute 15 A.M.

21. I hereby certify that I attended the deceased from Jan 8th
_____ 1941 to Jan 20th 1941
that I last saw her alive on Jan 17th 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia

Due to infection

Due to _____

Other conditions (Include pregnancy within 3 months of death) 107

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 Clara P. Duff (M.D. or other) _____
Address Trouton Mo Date signed Jan 20 1941

Duration

1 week

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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1
2

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 *Russell C. Piggie*

Licensed Embalmer No. *3782*

P. O. Address *Melan, 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.