

FILED OCT 10 1941 85

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 31067  
Registrar's No. 943

Registration District No. \_\_\_\_\_

Primary Registration District No. 1001

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
2418 Sylvania St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 37 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2418 Sylvania St.  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Ermina Anna Blackford

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. None

4. Sex Female  
5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Joseph T. Blackford  
6. (c) Age of husband or wife if alive 19 years  
7. Birth date of deceased January 19 1864  
(Month) (Day) (Year)

8. AGE: Years 77 Months 8 Days 10  
If less than one day hr. min.

9. Birthplace Unknown Michigan  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Erastus Stark  
13. Birthplace Unknown New York  
(City, town, or county) (State or foreign country)  
14. Maiden name Anna Riffin  
15. Birthplace Logan County West Virginia  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mollie Morrison  
(b) Address 2418 Sylvania St. St. Joseph, Mo.

17. (a) Burial (b) Date thereof 10/1/41.  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Savannah, Missouri

18. (a) Signature of funeral director Walter Meinhoff  
(b) Address 1302 Faraon St. St. Joseph, Mo.

19. (a) Oct 30 1941 (b) H. H. Mettelsch (c) Registrar's signature  
(Date received local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 29  
year 1941 hour 2 minute 40 P. M.  
21. I hereby certify that I attended the deceased from Sept. 26 1941  
1941 to Sept 29 1941  
that I last saw her alive on Sept 29 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death:  
Coronary Sclerosis  
With Angina  
Pectoris  
Due to Sclerotic Coronary  
Circulation  
Other conditions:  
(Include pregnancy within 3 months of death)

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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?

(Specify type of place)  
While at work (e) Means of injury  
23. Signature E. H. Shackley (M. D. or other)  
Address 714 277 City Date signed 9-30-41

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

MOTHER FATHER

**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.....  
*Walter Meierhopper Jr.*....., Registered Apprentice No. *302*  
working under my personal supervision.

Signed.....*Chy Jester*.....  
Licensed Embalmer No. *Mo. 4154*.....

P. O. Address.....*St. Joseph, Missouri*.....

**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.**