DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 10 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

34463

State File No.

Registration District No. 271 | Primary Registration District No. 5911 | Registrar's No.

1. PLACE OF DEATH:

(a) County Pemiscot

(b) City or town Bragg City (Rural)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Arcola, Twp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution
In this community Three Weeks (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pemiscot

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

(d) Street No.
(If rural, give location)

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

3. (a) PRINT FULL NAME Henry William Blackshear

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Nellie

6. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased Feb (Month) 2 (Day) 1890 (Year)

8. AGE: Years 52 | Months 8 | Days 1 | If less than one day hr. min.

9. Birthplace Independence Co. Ark
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name E, Mack Donald Blackshear
13. Birthplace Tenn
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Simmia Lawson Ark.
15. Birthplace Ark
(City, town, or county) (State or foreign country)

16. (a) Informant Nellie Blackshear
(b) Address Bragg City Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-8-42 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Ridge Kennett, Mo

18. (a) Signature of funeral director Lentz Undertaking Co
(b) Address Kennett, Mo

19. (a) 10-28-42 (Date received local registrar) Mrs J. R. Cole (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 3 year 1942 hour One Oclock minute M.

21. I hereby certify that I attended the deceased from , 19, to , 19; that I last saw h alive on , 19; and that death occurred on the date and hour stated above.

Immediate cause of death Shot With Shot Gun

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 Oct 3 1942

(c) Where did injury occur? Bragg City Mo Pemiscot
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? At Home
(Specify type of place)

While at work? (e) Means of injury Shot Gun

23. Signature Dan Wilson J.P. (M. D. or other)

Address Bragg City Mo Date signed 10-3-42

591

(Licensed Embalmer's Statement on Reverse Side)

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

11-42-32

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 Walter A. Hawkins

Licensed Embalmer No. 2002

P. O. Address Kennett Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

2B
21-41
29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34463

Registration District No. 271 Primary Registration District No. 5911 Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Pemiscott

(b) City or town Rural
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Henry Wm Blackshear

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race N

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife

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

7. Birth date of deceased Feb (Month) 2 (Day) 1890 (Year)

8. AGE: Years 52 Months 8 Days If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER FATHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 3
year 1942 hour minute M.

21. I hereby certify that I attended the deceased from
19 to 19;
that I last saw h alive on 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Shot with Shot gun

Due to Murder

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

16

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Homicide

(b) Date of occurrence Oct 3, 1942

(c) Where did injury occur? Bragg City (City or town) Pemiscot (County) Mo (State)

(b) Did injury occur in or about home, on farm, in industrial place, in public place? in home
(Specify type of place)

While at work? (e) Means of injury

23. Signature Sam Wilson J.P. (M. D. or other) JP

Address Bragg City, Mo. Date signed 12/4/42

1942
S-34463