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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 8 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5919

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Barnes Hospital
(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: 999

(a) State Illinois (b) County White 11

(c) City or town Carmi 0 NR
(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 2

3. (a) PRINT FULL NAME Frank Oscar Blackard

3. (b) If veteran, name war None

3. (c) Social Security No. 360-16-9918

4. Sex Male

5. Color or race White

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 October (Month) 12 (Day) 1926 (Year)

8. AGE: Years 16 Months 8 Days 14 If less than one day hr. min.

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

10. Usual occupation Student

11. Industry or business

FATHER
12. Name Frank Blackard
13. Birthplace Unknown (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Thelma Henson
15. Birthplace Norris City (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Mrs. Jessie Hadden
(b) Address Carmi, Illinois

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6/28/43 (Month) (Day) (Year)
(c) Place: burial or cremation Carmi, Illinois

18. (a) Signature of funeral director Albert H. Hoppe, Inc
(b) Address 4700 Washington Blvd.,

19. (a) JUN 28 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26 year 1943 hour 5 minute 30 P.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 Dislocation between 5th 6th Cervicle with sections of Cord who he was

Due to Involved in an automobile Accident Driver unknown in Illinois

Due to June 10th 1943 Exact time Cause and manner of same could not be Determined

Other conditions (Include pregnancy within 3 months of death) Deceased was

Major findings: Of operations struck by an automobile

Of autopsy NR

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) Open Verdict

(b) Date of occurrence 6-10-43 136

(c) Where did injury occur? Illinois (City or town) (County) (State)

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

While at work? (e) Means of injury

23. Signature Alfred J. Perry (M. D. or other)

Address Lexington Date signed 6/28/43

(Licensed Embalmer's Statement on Reverse Side)

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 Henry M. Brammer

Licensed Embalmer No. 4200

P. O. Address.....

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.