

No. 2
M-5-43
5-17-39
X36671

FILED DEC 29 1945

Registration District No. 28

Primary Registration District No. 5034

140

1. PLACE OF DEATH:

(a) County Audrain
(b) City or town Mexico SALT RIVER TWP
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R. F. D. #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Audrain
(c) City or town Mexico
(If outside city or town limits, write "RURAL")
(d) Street No. R. #1
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Lula Blackmore

(b) If veteran, name war No

(c) Social Security No. NO

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife L. A. BLACKMORE

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

7. Birth date of deceased Aug. 1, 1880
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	65	3	7	hr. min.

9. Birthplace Callaway County, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation House keeper

11. Industry or business

12. Name J. T. Nosley

13. Birthplace IK
(City, town, or county) (State or foreign country)

14. Maiden name Sarah E. Criswell

15. Birthplace Callaway County, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Widow Blackmore

(b) Address Mexico, Mo.

17. (a) Burial (b) Date thereof 11/11/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hiverview Cemetery

18. (a) Signature of funeral director Criswell

(b) Address Mexico, Mo.

19. (a) Nov 13 - 45 (b) Blanche Neely
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 8
year 1945 hour 3 minute 25 P.M.

21. I hereby certify that I attended the deceased from Oct. 14, 1943 to Nov. 8, 1945
that I last saw her alive on Nov. 8, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

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) _____
(e) Means of injury _____
23. Signature John G. Owens, Jr. D.O. (M.D. or other)
Address Mexico Mo. Date signed 11-10-45

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

MOTHER FATHER

1406

RECEIVED

District Health Officer No. 10

District File Number 13-45-1817

Date Filed

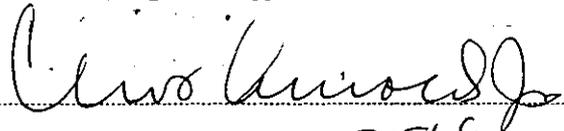
DEC 20 1945

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.....



Licensed Embalmer No. 3569

P. O. Address Mexico, 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, fact should be so stated above.