

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 18 1947
Registration District No. 375

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7694

State File No. _____
Registrar's No. 9

Primary Registration District No. 6284

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

1. PLACE OF DEATH:
(a) County Wright
(b) City or town Manes Rural, Montgomery Twp.
(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 5 Days (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Mary Frances Blackwell
3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex F / 5. Color or race W 6. (a) Single, widowed, married, divorced M /
6. (b) Name of husband or wife George Alfred Blackwell 6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased March 30 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 10 11 hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name James Hurley

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

14. Maiden name Lois Rutledge

15. Birthplace Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant G.A. Blackwell

(b) Address Parsons, Kans. Route 3

17. (a) Removal (b) Date thereof Feb 12, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director Gene Holden
(b) Address Hartsville, Mo.

19. (a) Feb. 12, 1947 (b) E.P. Garner
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: Labette
(a) State Kansas (b) County Montgomery
(c) City or town Rural
(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 _____

MEDICAL CERTIFICATION

23. DATE OF DEATH: Month Feb day 11
year 1947 hour 4 minute 10 P.M.
21. I hereby certify that I attended the deceased from Feb 11
1947 to Feb 11 1947
that I last saw her alive on Feb 11 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Locked Bowels.

Due to Strangulated Hernia, 1 day.

Due to _____
Other conditions (Include pregnancy within 3 months of death) 122

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 _____
(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 2

23. Signature J. E. Northrup (M. D. or other) _____
Address Hartsville, Mo. Date signed 2-11-47

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RECEIVED

District Health Officer No. 6;

District File Number 247-235

Date Filed FEB 17 1947

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. ~~3865~~
working under my personal supervision.

Signed Gene E. Haldren

Licensed Embalmer No. 3865

P. O. Address Hartsville, 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.