

No. 2
2-45
17-39
X47070

FILED NOV 19 1947

Registration District No. **23**

Primary Registration District No. **5811**

Registrar's No. **21**

1. PLACE OF DEATH:

(a) County Montgomery

(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 years, months or days) 3 months

3. (a) PRINT FULL NAME Serena L. Blackburn

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F / race W

5. Color or race W

6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife William Blackburn

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

7. Birth date of deceased Oct 17 th 1863
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>II</u>	<u>29</u>	hr. _____ min. _____

9. Birthplace Paris Prairie Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business _____

12. Name James A. Calvin

13. Birthplace Callaway Co Mo
(City, town, or county) (State or foreign country)

14. Maiden name Mildred Callaway

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

16. (a) Informant Earl Blackburn

(b) Address Montgomery City Mo

17. (a) Burial (b) Date thereof 10-18-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Aubert Cemetery

18. (a) Signature of funeral director C. W. Hopkins

(b) Address Montgomery City Mo

19. (a) 10-24-47 (b) William J. Spores
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery

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

(d) Street No. 5 miles North Montgomery City
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 16
year 1947 hour 4 minute 25 PM

21. I hereby certify that I attended the deceased from July 31, 1941, to Oct. 16, 1947
that I last saw her alive on Oct. 8, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage - Right with left Hemiplegia
Due to Hypertensive Cardis Vascular Disease
Due to Arteriosclerosis and Senility
Other conditions Secondary Anemia
(Include pregnancy within 3 months of death)

Duration

2 day
10 years

PHYSICIAN

Major findings:
Of operations _____
Of autopsy 9319

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)
(c) Means of injury _____

23. Signature E. J. Anderson, M.D. (M. D. or other) M. D.
Address Montgomery City Mo. Date signed 10/16/47

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

MOTHER FATHER

Date Filled 11-18-47

District File Number

District Health Officer No. 9,

RECEIVED

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, xxx on the 16 th day of Oct 1947 working under my personal supervision.

Registered Apprentice No.

Signed C. W. Hopkins

Licensed Embalmer No. 1487

P. O. Address Montgomery City 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.