

No. 2
1/47
17-39

FILED DEC 26 1947

Registration District No. **10.0**

Primary Registration District No. **5398**

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

1. PLACE OF DEATH:

(a) County **Dent**
(b) City or town **Rural**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **None**
(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 **Missouri** (b) County **Dent**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **Near Salem, Missouri**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Mary Jane Blackwell**

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

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **W**
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased **January 6, 1882**
(Month) (Day) (Year)

8. AGE: Years **85** Months **11** Days **1** If less than one day.....hr.....min.

9. Birthplace **Dent County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business.....

12. Name **Talbert Norris**
13. Birthplace **No Record**
14. Maiden name **Elizabeth Poindexter**
15. Birthplace **No Record**

16. (a) Informant **Orin Blackwell**
(b) Address **Salem, Missouri**

17. (a) **Burial** (b) Date thereof **12/9/47**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Blackwell Cemetery**

18. (a) Signature of funeral director **Carl J. Jence**
(b) Address **Salem, Missouri**

19. (a) **12-11-47** (b) **M. N. Hart, M.D. & Sg.**
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **7**
year **1947** hour **10:40** minute **P.** M.

21. I hereby certify that I attended the deceased from **2-3-47** 19 to **9-14-47** 19.....
that I last saw him **or** alive on **9-14-47** 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Cardiac failure
arteriosclerosis
Due to.....
Due to.....

Duration

4 yrs.
1 yr.

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

PHYSICIAN

Underline the cause of 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?.....
(Specify type of place)

23. Signature **M. N. Hart M.D.** (M. D. or other) **M.D.**
Address **Salem, Mo.** Date signed **12/11/47**

RECEIVED

District Officer No. 5,

District File Number 1247724

Date Filed 12-24-47

NOV 21 1948

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, ~~only~~.....

..... Registered Apprentice No.....

working under my personal supervision.

Signed Wm. W. McDonald

Licensed Embalmer No. 3806

P. O. Address Salem, 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.