FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 29 1948

Registration District No. 378

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3059

State File No. 20574

Registrar's No. 1932

1. PLACE OF DEATH:
(a) County: St. Francois
(b) City or town: Bonne Terre (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Maple Street (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 25 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. Francois
(c) City or town: Bonne Terre (If outside city or town limits, write "RURAL")
(d) Street No.: Maple (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

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3. (a) PRINT FULL NAME: Runa Blackwell
3. (b) If veteran, name war:
3. (c) Social Security No.: none
4. Sex: Female
5. Color or race: white
6. (a) Single, widowed, married, divorced: widowed
6. (b) Name of husband or wife: William T. Blackwell
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: June (Month) 4 (Day) 1870 (Year)

8. AGE: Years 78 | Months 0 | Days 11 | If less than one day ..... hr. ..... min.

9. Birthplace: Near Bonne Terre, Mo (City, town, or county) (State or foreign country)
10. Usual occupation: House Wife
11. Industry or business: none

FATHER
12. Name: John Jones
13. Birthplace: England (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Jane Roberts
15. Birthplace: Unknowen (City, town, or county) (State or foreign country)

16. (a) Informant: Bertha Jones
(b) Address: Maple St. Bonne Terre, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-15-1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Moon Town Cemetery
18. (a) Signature of funeral director: C. Z. Boyer & Son
(b) Address: Desloge, Mo.
19. (a) 6-21-48 (Date received local registrar) (b) Esther Rudolff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13th year 1948 hour 10 minute 36 a.M.

21. I hereby certify that I attended the deceased from June 1st, 1948, to June 13, 1948, that I last saw her alive on June 12, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Diabetes mellitus	5 yrs
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 0	
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)
While at work? (e) Means of injury

23. Signature: A. L. Evans (M.D. ~~or other~~)
Address: Bonne Terre Mo Date signed 6-18-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 4

[illegible] File Number 648-818

Filed 6-28-48

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 C. Z. Dayer

Licensed Embalmer No. 1671

P. O. Address Desloge, 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.