

10-47  
17-39  
1 3906

FILED NOV 9 1948

Registration District No. \_\_\_\_\_

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3000

State File No. 31861

Registrar's No. 320

1. PLACE OF DEATH:

(a) County Adair  
(b) City or town Kirksville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Grim-Smith Memorial Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 8 days  
In this community Most of Life  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Toney J. Blacksmith

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. +89-26-7920

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Laura Phillips 6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased Nov. 28 1901  
(Month) (Day) (Year)

8. AGE: Years 46 Months 11 Days 15 If less than one day hr. \_\_\_\_\_ min.

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

10. Usual occupation Tavern Owner

11. Industry or business \_\_\_\_\_

12. Name Joseph Blacksmith  
13. Birthplace Bohemia  
(City, town, or county) (State or foreign country)  
14. Maiden name Barbara Rash  
15. Birthplace Lingo Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Laura Blacksmith  
(b) Address Novinger, Missouri

17. (a) Burial (b) Date thereof 11/5/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Hills Cmt.  
18. (a) Signature of funeral director Dee Riley Funeral Home

(b) Address Kirksville, Missouri

19. (a) 11-5-48 (b) Kate Lambert  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair  
(c) City or town Novinger  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 3  
year 1948 hour 6:00 minute A: M.

21. I hereby certify that I attended the deceased from October 26, 1948, to November 3, 1948,  
that I last saw him alive on November 2, 1948,  
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Duration \_\_\_\_\_

Due to Infection of right kidney associated with appendicitis

Due to \_\_\_\_\_  
Other conditions Left kidney removed several years ago because of destruction from stone

Major findings: Acutely inflamed appendix with large fecalith  
Of autopsy \_\_\_\_\_  
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).  
(c) Means of injury \_\_\_\_\_

23. Signature George E. Brown (M. D. or other) MD  
Address Kirksville, Missouri Date signed 11-11-48

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 11-48-1915

Date Filed \_\_\_\_\_

---

---

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 Roy H. Mercer, Jr.  
Licensed Embalmer No. 4432  
P. O. Address Kirksville, Md.

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.