V. S. No. 2
00M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 30 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39494

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 365

1. PLACE OF DEATH:

(a) County CALLAWAY

(b) City or town FULTON (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: CALLAWAY COUNTY HOSPITAL (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 MONTHS (Specify whether years, months or days) In this community LIFE

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CALLAWAY

(c) City or town FULTON (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

3. (a) PRINT FULL NAME JOHN LEWIS BLACKBURN

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MALE

5. Color or race WHITE

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 MARCH (Month) 10 (Day) 1874 (Year)

8. AGE: Years 74 Months 9 Days 13 If less than one day hr. min.

9. Birthplace READSVILLE (City, town, or county) MO. (State or foreign country)

10. Usual occupation FARMER

11. Industry or business

FATHER

12. Name GEORGE BLACKBURN

13. Birthplace CALLAWAY COUNTY (City, town, or county) MO. (State or foreign country)

MOTHER

14. Maiden name MARY DAVIS

15. Birthplace CALLAWAY CO. (City, town, or county) MO. (State or foreign country)

16. (a) Informant GRACE M. KEZER

(b) Address ST. LOUIS, MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC 25 1948 (Month) (Day) (Year)

(c) Place: burial or cremation HILL-CREST

18. (a) Signature of funeral director Margin Funeral Home

(b) Address 712 Court Fulton, Mo.

19. (a) Dec. 24, 1948 (Date received local registrar) (b) Grace Morrow Koff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 23 year 1948 hour 12 minute 10 A.M.

21. I hereby certify that I attended the deceased from 1945 to Death, 19..; that I last saw him alive on Dec 22 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma Pancreas	9 mo
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations As above

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature John J. Thorn (M. D. or other) MD

Address Fulton Date signed 12-27-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number DEC 29 1948
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 Walter J. Haines, Jr.

Licensed Embalmer No. 4557

P. O. Address FULTON, 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.