

FILED DEC 29 1948

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39508

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 387 PRIMARY REG. DIST. NO. 5173 Registrar's No. 225

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Calloway</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><u>Rural-Summit</u> |  | c. CITY (If outside corporate limits, write RURAL and give township)<br><u>Mexico</u>   |  |
| c. LENGTH OF STAY (in this place)<br><u>3WKS</u>  |  | d. STREET ADDRESS (If rural, give location)<br><u>Liberty Hotel</u>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>7 mi S.E. New Bloomfield Mo.</u>              |  |   |  |

|                                     |                           |                       |                            |  |
|-------------------------------------|---------------------------|-----------------------|----------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Woodrow</u> | b. (Middle) <u>M.</u> | c. (Last) <u>Blackmore</u> | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>Dec. 16 - 48</u> |
|-------------------------------------|---------------------------|-----------------------|----------------------------|--|

|                        |                                  |  |  |  |
|------------------------|----------------------------------|--|--|--|
| 5. SEX<br><u>Males</u> | 6. COLOR OR RACE<br><u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Never Married</u> | 8. DATE OF BIRTH<br><u>Nov-17-1912</u> | 9. AGE (In years last birthday) <u>36</u><br>If UNDER 1 YEAR: Months <u>39</u> Days <u>39</u> Hours <u>   </u> Min. <u>   </u> |
|------------------------|----------------------------------|--|--|--|

|   |                                   |  |   |
|---|-----------------------------------|--|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Carpenter</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country)<br><u>New Franklin Mo Ga</u> | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u> |
|---|-----------------------------------|--|---|

|   |   |                             |
|---|---|-----------------------------|
| 13a. FATHER'S NAME<br><u>Hemul A. Blackmore</u> | 13b. MOTHER'S MAIDEN NAME<br><u>Lula Mosley</u> | 14. NAME OF HUSBAND OR WIFE |
|---|---|-----------------------------|

|   |   |  |         |
|---|---|--|---------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>NO</u> | 16. SOCIAL SECURITY NO.<br><u>486-18-2921</u> | 17. INFORMANT'S SIGNATURE OR NAME<br><u>Mrs. Hester Branch</u> | ADDRESS |
|---|---|--|---------|

|  |  |  |  |
|--|--|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.<br><br><u>1315</u> | MEDICAL CERTIFICATION  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>2</u><br><u>1</u> |
|  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Tuberculosis</u> |  |  |
| ANTECEDENT CAUSES<br>Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (c)   |  |  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.  |  |  |  |

|                        |                                  |   |
|------------------------|----------------------------------|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|------------------------|----------------------------------|---|

|  |  |  |
|--|--|--|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP): (COUNTY) (STATE) |
|--|--|--|

|  |  |                            |
|--|--|----------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
|--|--|----------------------------|

22. I hereby certify that I attended the deceased from Dec 16, 1948, to Dec 16, 1948, that I last saw the deceased alive on Dec 16, 1948, and that death occurred at 1P m., from the causes and on the date stated above.

|  |                   |  |                                      |
|--|-------------------|--|--------------------------------------|
| 23a. SIGNATURE<br><u>E. Merrius M.D.</u> | (Degree or title) | 23b. ADDRESS<br><u>New Bloomfield Mo</u> | 23c. DATE SIGNED<br><u>Dec 17 48</u> |
|--|-------------------|--|--------------------------------------|

|  |                               |  |   |
|--|-------------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>BURIAL</u> | 24b. DATE<br><u>Dec 19-48</u> | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Old Middle River Cent</u> | 24d. LOCATION (City, town, or county) (State)<br><u>North Mokane Calloway</u> |
|--|-------------------------------|--|---|

|  |  |  |                                |
|--|--|--|--------------------------------|
| DATE REC'D BY LOCAL REG.<br><u>Dec-17-48</u> | REGISTRAR'S SIGNATURE<br><u>Pekoy Claypool</u> | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>Holt-Claypool</u> | ADDRESS<br><u>Su. N. B. M.</u> |
|--|--|--|--------------------------------|

(Retained Embalmer's Statement on Reverse Side)

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

148

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed DEC 28 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

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed LeRoy O'Connell

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4412

P. O. Address New Bloomfield 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.