

DEC 20 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

28503

Do not use this space.

1. PLACE OF DEATH

(a) County Camden Registration District No. 275
 (b) Township Ames Primary Registration District No. 5170B
 (c) City Stoutland (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Laura Blankenship 452
 (a) Residence, No. Stoutland Camden Mo. St. ☐ (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George Blankenship
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 10, 1872
 7. AGE YEARS 66 MONTHS _____ DAYS 1 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
 10. Date deceased last worked at this occupation (month and year) Aug 10, 1938 11. Total time (years) spent in this occupation see above

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Camden Co Mo

13. NAME Geo. W. Parker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Key (?)

15. MAIDEN NAME Mary M. Evans

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Camden Co. Mo

17. INFORMANT (ADDRESS) George Blankenship
Stoutland, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Stoutland DATE Aug 14, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Virgil Evans
Stoutland Mo

20. FILED Sept 1, 1938 Mrs. Mae Paul Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to 8:30 am, 19____.

I last saw him _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at 4:30 am.

The principal cause of death and related causes of importance were as follows:

_____ Date of onset _____

Strangulation
hanging by neck
from rope
Other contributory causes of importance: 165

suicide

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) B. E. Woolery Coroner

(Address) Camden Co. Mo.

RECEIVED
DISTRICT HEALTH OFFICER NO. 7
DISTRICT FILE NUMBER
DATE FILED

20X

RECEIVED
District Health Officer No. 7,
District File Number 7-38-33
Date Filed 9-13-38

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, _____

Abbie Banksen Woolery, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed Abbie Woolery

Licensed Embalmer No. 2488

P. O. Address Camdenton

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, above space should be left blank.