DEC 13 1938

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

38680
Do not use this space.

85

1. PLACE OF DEATH
(a) County Buchanan 2 Registration District No. 1001
(b) Township 1 Primary Registration District No. Registered No. 1190
(c) City St. Joseph (d) Street No. 510 Faraon St.
(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 20 yrs. — mos. — ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 452 Oscar Blanchard
(a) Residence, No. 510 Faraon St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 3, 1878.

7. AGE: YEARS 59 | MONTHS 11 | DAYS 24 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as saw mill, bank, etc. Whitney Pile driving Co.
10. Date deceased last worked at this occupation (month and year) Oct. 1938.
11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rosendale Missouri 0

FATHER
13. NAME F.L.Blanchard
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Auburn New York 1

MOTHER
15. MAIDEN NAME Margaret E.Jones
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wyeth Missouri 0

17. INFORMANT (ADDRESS) Mrs. Chas. Hope 2221 N.4th.Str.St.Joseph,Mo.

18. BURIAL, CREMATION, OR REMOVAL Fairview Cemt.
PLACE Rosendale,Mo. DATE Nov.29, 1938

19. FUNERAL DIRECTOR (ADDRESS) H.O.Sidenfaden and Son 1802 Union Str.St.Joseph,Mo.

20. FILED Nov 29 1938 [signature] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov, 27th, 1938 to viewed, 19..
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 1:00P m.
The principal cause of death and related causes of importance were as follows:

Suffication as a result of gas stove burning oxygen in small room

Date of onset

Other contributory causes of importance: none

Name of operation ..... Date of .....
What test confirmed diagnosis? History Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accidental Date of injury II/27, 1938
Where did injury occur? St Joseph, Mo#
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury suffication
Nature of injury Lack of Oxygen in blood

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) B.W. Tadlock Coroner, M. D.
(Address) King Hill Bldg

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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STATEMENT BY LICENSED EMBALMER

I, Elbert E.Harrington, Licensed Embalmer No. 3258.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by My-self

---- L. E. ----

No. --- or by ----, Registered Apprentice No. ---

working under my personal supervision.

Signed Elbert E. Harrington

Licensed Embalmer No. 3258.

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.)