

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

**40104**  
 Do not use this space.

DEC 27 1938

1. PLACE OF DEATH

(a) County Putnam Registration District No. 722

(b) Township Richland Primary Registration District No. 5958

(c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ (If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_

(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 Susan Annie Blankenship

(a) Residence, No. \_\_\_\_\_ 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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Female

4. COLOR OR RACE white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 7-1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

75 1 16

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as saw mill, bank, etc. Housework

10. Date deceased last worked at this occupation (month and year) Nov 12 1938

11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

FATHER

13. NAME Andrew J. Brown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER

15. MAIDEN NAME Susan Ann Ray

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Blaine Trent Unionville, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Phenix Cemetery No. 25 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Cornstock Meeks Unionville, Mo

20. FILED Dec 9 1938 W. M. Hall Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 23 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 16 1938 to Nov. 23 1938

last saw him alive on Nov 21 1938 Death is said to have occurred on the date stated above, at 8:40 am.

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

Cerebral Thrombosis 11/16/38

General Atherosclerosis 10 yrs

Other contributory causes of importance:

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) J. Neal Martin, M. D.

(Address) Unionville, Mo

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.

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, .....

*John N. Comstock*

....., or by .....

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

Signed *John N. Comstock*

Licensed Embalmer No. *3891*

P. O. Address *Unionville 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, above space should be left blank.**