

REC'D APR 10 1939

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

11026
Do not use this space.

1. PLACE OF DEATH

(a) County IRON Registration District No. 293
(b) Township Koelen Primary Registration District No. 5557
(c) City (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

452 MARY ANGELINE BLANKENSHIP
(a) Residence, No. BANNER M. 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) SINGLE
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCT 22, 1937
7. AGE YEARS 1 MONTHS 4 DAYS 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.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) BANNER
(STATE OR COUNTRY) MISSOURI

13. NAME JESS L. BLANKENSHIP
14. BIRTHPLACE (CITY OR TOWN) REYNOLDS
(STATE OR COUNTRY) Co. MISSOURI

15. MAIDEN NAME MARY BURROW
16. BIRTHPLACE (CITY OR TOWN) BOLINGER Co.
(STATE OR COUNTRY) MISSOURI

17. INFORMANT MR. JESS BLANKENSHIP
(ADDRESS) Banner mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE HEATH CEM. DATE 2/22/39 19

19. FUNERAL DIRECTOR Blount
(ADDRESS)

20. FILED April 5, 1939 Mary Ina Volner
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 28th 1939
22. I HEREBY CERTIFY, That I attended deceased from Feb. 19th 1939, to Feb. 22th 1939.
I last saw her alive on Feb. 19th 1939. Death is said to have occurred on the date stated above, at 11:10 p.m.
The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia Date of onset 2/19/39
1078

Other contributory causes of importance:
Bilateral acute otitis media 2/17/39
acute nasopharyngitis 2/10/39

Name of operation none Date of
What test confirmed diagnosis? none Was there an autopsy? no

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? no
If so, specify
(Signed) R. E. Farland, M. D.
355 (Address)

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.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

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

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)