

MAY 22 1939

 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH
15694
Do not use this space.

1. PLACE OF DEATH

(a) County Oregon Registration District No. 639
 (b) Township Tilacke Twp. Primary Registration District No. 5847 Registered No. 1K
 (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
Eltie 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

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bernice Grissom
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June - 21 1886
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
53 10 27
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 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) (STATE OR COUNTRY) Oregon Co Mo.
 FATHER 13. NAME G. M. Blankenship
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oregon Co Mo.
 MOTHER 15. MAIDEN NAME Martha A. Grissom
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.
 17. INFORMANT Bernice Blankenship (ADDRESS) Thayer Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Blankenship Co DATE 4/28 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) None
 20. FILED 4-28 1939 George Johnson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-27-1939
 22. I HEREBY CERTIFY, That I attended deceased from 4-21 1939 to 4-27 1939
 I last saw him alive on 4-27 1939. Death is said to have occurred on the date stated above, at 2:30 p. m.
 The principal cause of death and related causes of importance were as follows:
Polar Pneumonia
 Date of onset 4-27-39
 Other contributory causes of importance:
108
 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) C. W. Cooper, M. D.
 (Address) Thayer Mo.
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(Licensed Embalmer's Statement on Reverse Side) paper

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.

SEP 7 1944

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.