

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.

REC'D JUL 11 1939

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

21572  
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan, Registration District No. 85  
(b) Township 1 Primary Registration District No. 1001 Registered No. 609  
(c) City St. Joseph, (d) Street No. 804 Court 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 30 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Minerva Jane Blankenship,  
(a) Residence, No. 804 Court 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) Widowed,  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Thomas Blankenship  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 13, 1872  
7. AGE YEARS 67 MONTHS 1 DAYS 0 If LESS than 1 day, ..... hrs. or ..... min.  
OCCUPATION 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.  
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) Spencer County, Indiana, 1

FATHER 13. NAME William Harris, 1  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Spencer County, Indiana, 1

MOTHER 15. MAIDEN NAME Elvira Winebriner,  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Kentucky,

17. INFORMANT (ADDRESS) Rella Blankenship, 9th. & Court Sts.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Auburn Cem. DATE June 17th, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Walter B. ... 319 So. 10th. Str.

20. FILED 6/17 1939 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 13th, 1939  
22. I HEREBY CERTIFY, That I attended deceased from June 12, 1939, to June 13, 1939  
That I saw him alive on June 12, 1939. Death is said to have occurred on the date stated above, at 12:30 a. m.  
The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency  
Chronic Myocarditis  
93C  
Other contributory causes of importance:  
Auricular fibrillation  
Pulmonary edema  
Date of onset Unknown.  
6/12/39

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical 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) Assistant, M. D.  
(Address) St. Joseph, Mo.

**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, June 10, 1933

or by

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

Signed W. E. Summers

Licensed Embalmer No. 3007

P. O. Address 319 S. 10th St. Memphis

**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.**