

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

36950
Do not use this space.

NOV 24 1939

1. PLACE OF DEATH

(a) County Putnam Registration District No. 718
 (b) Township York Primary Registration District No. 6480 Registered No. 41
 (c) ~~City~~ Power ville, Mo. (d) Street No. _____ 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Billy Jene Blanchard,

(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 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) Oct. 13, 1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
17

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Booy
 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) Powerville,
 (STATE OR COUNTRY) Putnam, Mo.

13. NAME Willie Blanchard

14. BIRTHPLACE (CITY OR TOWN) Putnam Co., Mo.
 (STATE OR COUNTRY)

15. MAIDEN NAME Florence Hayden

16. BIRTHPLACE (CITY OR TOWN) Wayne Co., Ia.
 (STATE OR COUNTRY)

17. INFORMANT Willie Blanchard,
 (ADDRESS) Powerville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Wyreka Cem. DATE Oct. 30th, 1939

19. FUNERAL DIRECTOR (NAME) Jerry Stutton Co.,
 (ADDRESS) Powerville, Mo.

20. FILED Oct 31, 1939 W. W. Gallum 645
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 30, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct. 13, 1939, to Oct. 20, 1939

I last saw him alive on Oct. 29, 1939 Death is said to have occurred on the date stated above, at 2 A.M.

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

Polio
follows birth.
 Date of onset 1918

Other contributory causes of importance:
Encephalitis

Name of operation _____ Date of _____

What test confirmed diagnosis? Lab. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no 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) J. W. McDonald M.D.
J. W. McDonald (Address) Powerville, 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.

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R. M. K. Small

*Miss Helen K.
Hunt Barnes
P.O. Box 111
M.D.*

RECEIVED

District Health Officer No. 10

District File Number 11-39-1928

Date Filed NOV 8 1939

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.