

DEC 15 1939

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

39472
Do not use this space.

1. PLACE OF DEATH

(a) County DeKalb
(b) Township Sherman
(c) City Clarksdale

Registration District No. 258

Primary Registration District No. 5368

Registered No. 10

(e) Length of residence in city or town where death occurred 4.53 yrs. mos. ds.

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

(f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME ROLLA CALVIN BLANTON JR.

(a) Residence, No. Clarksdale

(Usual place of abode, if no street address, write county or city)



(If nonresident, give city or town and State)

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) Aug. 16th. 1930

7. AGE

9

YEARS

MONTHS

3

DAYS

12

If LESS than 1 day, ...hrs. or min.

OCCUPATION

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) Elwood,

(STATE OR COUNTRY)

Kansas.

FATHER

13. NAME Rolla C. Blanton

14. BIRTHPLACE (CITY OR TOWN) Gentry,

(STATE OR COUNTRY)

Mo.

MOTHER

15. MAIDEN NAME Jessie M. Brant

16. BIRTHPLACE (CITY OR TOWN) Worth,

(STATE OR COUNTRY)

Mo.

17. INFORMANT Mr. Rolla C. Blanton

(ADDRESS)

Clarksdale, Mo.

18. BURIAL, CREMATION, OR REMOVAL

Memorial Park

PLACE St. Joseph, Mo.

DATE Nov. 29th. 1939

19. FUNERAL DIRECTOR (NAME) FLEEMAN & SON, INC.

(ADDRESS)

1946 Calhoun St. Joseph, Mo.

20. FILED Nov 28 1939 Mrs. C. M. Davis

Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 28th. 1939

22. I HEREBY CERTIFY, That I attended deceased from OCTOBER 1939 to NOVEMBER 27, 1939

I last saw him alive on 11-27, 1939. Death is said

to have occurred on the date stated above, at 3 A.m.

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

Acute Glomerular Nephritis
GENERALIZED ANAEMIA
HYPSTATIC PNEUMONIA

Date of onset

OCT. '39

OCT. '39

11-26-39

Other contributory causes of importance:

SECONDARY ANEMIA

OCT. '39

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? No

If so, specify

(Signed) John M. Cooper, M. D.

(Address) Marionville, Mo

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.

107a

EMBALMENT
Certificate No. 117
District File No. 239-1635
Date Filed DEC 6 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.....

C. G. Swan

Licensed Embalmer No. 4082

P. O. Address St Joseph

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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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1. PLACE OF DEATH

(a) County DeKalb Registration District No. 258
(b) Township Sherman Primary Registration District No. 3361 Registered No. 10
(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

Rolla Calvin Blanton Jr
(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 S
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or min.
9 3 12

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) (STATE OR COUNTRY)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19

Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 28 1939

22. I HEREBY CERTIFY, That I attended deceased from

I last saw h. alive on 19..... Death is said

to have occurred on the date stated above, at..... m.

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

acute glomerular ne- phritis, Generalized
peritonitis, Hypostatic
pneumonia, Secondary
terminal Broncho-pneumonia
Other contributory causes of importance:
menia

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

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JUN 9 1947