

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.

Registration District No. **582**

Primary Registration District No. **4344**

**1. PLACE OF DEATH:**  
(a) County **MONROE**  
(b) City or town **PARIS**  
(c) Name of hospital or institution: **WASHINGTON ST.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **67 years** (Specify whether years, months or days)  
In this community **67 years**

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State **Mo** (b) County **MONROE**  
(c) City or town **PARIS**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **WASHINGTON**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.  years

**3. (a) PRINT FULL NAME** **DAVID EDGAR BLANTON**  
**3. (b) If veteran,** name war   
**3. (c) Social Security** No.   
**4. Sex** **MALE** **5. Color or race** **WHITE**  
**6. (a) Single, widowed, married, divorced** **SINGLE**  
**6. (b) Name of husband or wife** \_\_\_\_\_ **6. (c) Age of husband or wife if alive** \_\_\_\_\_ years  
**7. Birth date of deceased** **OCT. 17 1867**  
(Month) (Day) (Year)

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **10<sup>TH</sup>** day **Nov.**  
year **1939** hour **10** minute **30 P.M.**  
**21. I hereby certify that I attended the deceased from** **26** 1939, to **Nov 10 1939**  
that I last saw him **live on** **Nov 10 1939**  
and that death occurred on the **date and hour stated above.**

**8. AGE:** Years **72** Months **0** Days **23**  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death **Myocardial Infarction**  
Due to **athero-sclerosis** **wife**  
Due to \_\_\_\_\_

**9. Birthplace** **HOWARD Co. Mo.**  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) **94 lb**

**10. Usual occupation** **PRINTER**

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

**11. Industry or business** **WEEKLY NEWSPAPER**  
**12. Name** **BAND. F. BLANTON**  
**13. Birthplace** **HOWARD Co. Mo.**  
(City, town, or county) (State or foreign country)

**14. Maiden name** **HARRIETTE YOUNG**  
**15. Birthplace** **HOWARD Co. Mo.**  
(City, town, or county) (State or foreign country)

**22. If death was due to external causes, fill in the following:**  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

**16. (a) Informant's own signature** **Kellie Blanton**  
(b) Address **PARIS, Mo**

**17. (a) Burial** **BURIAL** (b) Date thereof **11-12-39**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **WALNUT GROVE**  
**18. (a) Signature of funeral director** **Speed Blakey**  
(b) Address **PARIS, Mo.**

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_ (Means of injury)  
**28. Signature** **Geo. M. Barnett** (M. D. certifier)  
Address **PARIS, Mo.** Date signed **11-11-39**

**19. (a) 11-11-39** (b) **J. A. Barnett, M.D.**  
(Date received local registrar) (Registrar's signature)

RECEIVED

District Health Officer No. 10

District File Number 12-39-2143

Date Filed DEC 12 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: E. H. Agnew.

Licensed Embalmer No. 4000

P. O. Address Paris, Mo.

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.