

FILED FEB 5 1940

STANDARD CERTIFICATE OF DEATH

State File No. 3443

Registration District No. 724

Primary Registration District No. 5955

Registrar's No.

1. PLACE OF DEATH:

- (a) County POTTMAN
(b) City or town RURAL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ✓

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 80 YEARS (Specify whetherIn this community 80 YEARS years, months or days)3. (a) PRINT FULL NAME TIMOTHY BLANCHARD

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 WIDOWED6. (b) Name of husband or wife MARY BLANCHARD 6. (c) Age of husband or wife if

alive _____ years

7. Birth date of deceased OCT 2 1860 (Month) (Day) (Year)8. AGE: Years 89 Months 3 Days 21 If less than one day hr. min.9. Birthplace IND. (City, town, or county) (State or foreign country)10. Usual occupation FARMER11. Industry or business FARMER12. Name TIMOTHY BLANCHARD13. Birthplace IND. (City, town, or county) (State or foreign country)14. Maiden name MARY HELMES (City, town, or county) (State or foreign country)15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)16. (a) Informant's own signature William Timothy Blanchard(b) Address Powersville, Mo.17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof OCT 24 1940 (Month) (Day) (Year)(c) Place: burial or cremation WYAKRA18. (a) Signature of funeral director Martin Funeral Home(b) Address Princeton, Mo.19. (a) JAN 24 1940 (Date received local registrar) (b) Mrs D.W. Pollock (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pottman(c) City or town Powersville - Rural (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 22 year 1940 hour 7:30 minute P M.21. I hereby certify that I attended the deceased from Jan 10, 1940, to Jan 19, 1940that I last saw him alive on Jan 19, 1940 and that death occurred on the date and hour stated above.Immediate cause of death Cerebral Hemorrhage DurationDue to ArteriosclerosisDue to 42

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.

Of autopsy.

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?

(e) While at work? NO (Specify type of place)

(f) Means of injury

Signature L.W.M. Arnold (M.D. or other) MDAddress Powersville Date signed 2/24/40

RECEIVED

District Health Officer No. 10

District File Number 2-40-222

Date Filed FEB 3 1940

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

H. Ivan Martin

Licensed Embalmer No.

3760

P. O. Address

Princeton, N.J.

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.