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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

16603

Registration District No. 701

Primary Registration District No. 1003

State File No. _____

Registrar's No. 4081

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo. Pacific Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days) 45

8. (a) PRINT FULL NAME CLARENCE HERBERT BLANTON

3. (b) If veteran, name war _____ 8. (c) Social Security No. 702-18-3393

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Meta 6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased Dec. 7, 1891
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
48 4 29 hr. min.

9. Birthplace Dunlap, Kansas (City, town, or county) (State or foreign country)

10. Usual occupation Engineer

11. Industry or business _____

MOTHER FATHER { 12. Name William Blanton

18. Birthplace Dunlap, Kansas (City, town, or county) (State or foreign country)

14. Maiden name Mellie

15. Birthplace Dunlap, Kansas (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Meta Blanton

(b) Address 129 Hall Street Council Groves, Kans

17. (a) Burial (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery Council Groves, Kansas

18. (a) Signature of funeral director [Signature]

(b) Address 6633 Clayton Rd. at Concordia Lane St. Louis, MO.

19. (a) May 6 1940 (b) _____ (Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kans. (b) County N.R.
(c) City or town Council Groves (If outside city or town limits, write "RURAL.")
(d) Street No. 439 Hall St. (If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6th
year 1940 hour 5th minute — A.M.

21. I hereby certify that I attended the deceased from May 6th 1940 to May 6th 1940 that I last saw him alive on May 6th 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Lung

Due to _____

Due to _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____

Address info - Pac Hosp Date signed 5-6-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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. ~~1994~~

working under my personal supervision.

Signed

Licensed Embalmer No. 1994

P. O. Address 6633 Clayton Rd. nt. Co
Lane St. Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.