

**GIVEN JUL 15 1940**  
Registration District No. \_\_\_\_\_

Primary Registration District No. 4010

Registrar's No. 26

**1. PLACE OF DEATH:**  
(a) County Adair  
(b) City or town Savannah  
(c) Name of hospital or institution: St. Nicholas Sanatorium  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 21 days  
In this community 21 days in Sanatorium  
years, months or days

8. (a) PRINT FULL NAME STELLA BLAINE 450  
(b) If veteran, name war None (c) Social Security No. None

4. Sex female, Color or race white  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife James H. Blaine  
6. (c) Age of husband or wife if alive 67 years  
7. Birth date of deceased Jan 30 1873  
(Month) (Day) (Year)

8. AGE: Years 67 Months 4 Days 24  
If less than one day hr. min.

9. Birthplace Marion County, Iowa  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife  
11. Industry or business at Home

**MOTHER FATHER**  
12. Name William McConaughy  
13. Birthplace Mason Co., Iowa  
(City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth Adams  
15. Birthplace Mason Co., Iowa  
(City, town, or county) (State or foreign country)

16. (a) Informant James H. Blaine  
(b) Address Lenora, Oklahoma

17. (a) Removal (b) Date thereof 6/25/40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Lenora, Okla.

18. (a) Signature of funeral director Frank A. Bowman  
(b) Address Savannah, Mo.

19. (a) June 24-40 (b) Mrs. Jennie Rash  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Oklahoma (b) County DeWey  
(c) City or town Lenora  
(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 June day 24  
year 1940 hour 8 minute 45 A.M.  
21. I hereby certify that I attended the deceased from Cure  
3 1940, to June 24 1940,  
that I last saw her alive on June 24 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death acute myocarditis  
Duration 1 day

Due to 50  
Due to \_\_\_\_\_

Other conditions Basinome right breast 4 1/2 yrs  
(Include pregnancy within 3 months of death)

**PHYSICIAN**  
Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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?  
934 (Specify type of place)  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Willard C. Jerns (M. D. or other) 1  
Address Savannah, Mo. Date signed 6-24-40

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

RECEIVED

District Health Officer No. 11,

District File Number 740-1712

Date Filed JUL 12 1948

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 June 74

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed W. B. Zimmerman

Licensed Embalmer No. 3007

P. O. Address 317 S. 10 St. Dept. 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.