

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

1940 AUG 16 1940

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

25019

State File No. \_\_\_\_\_

Registration District No. 287

Primary Registration District No. 4144

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Dade  
(b) City or town Greenfield, Mo.  
(c) Name of hospital or institution: 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Six months (Specify whether years, months or days)

3. (a) PRINT FULL NAME John Asbury Blankenship

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 29-294

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Wife 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Sept 23 1861  
(Month) (Day) (Year)

8. AGE: Years 78 Months 9 Days 3 If less than one day hr. \_\_\_\_\_ min.

9. Birthplace Memphis, Tenn.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Spencer Blankenship

13. Birthplace Not Known  
(City, town, or county) (State or foreign country)

14. Maiden name Louise Melton

15. Birthplace Not known  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature J. M. Whites

(b) Address 1772 Millwood Wichita Kans

17. (a) Burial (b) Date thereof June 28, 40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dadeville Cem.

18. (a) Signature of funeral director J. W. Ward

(b) Address Greenfield, Mo.

19. (a) July 10, 1940 (b) Geo L. W. Jr  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dade  
(c) City or town Greenfield, Mo.  
(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 26  
year 1940 hour 12 minute Noon M.

21. I hereby certify that I attended the deceased from June 26  
1940, to June 26, 1940  
that I last saw him alive on June 26, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Thrombosis Cerebral June 24  
Due to Arteriosclerosis, General 1931

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

Other conditions 82 ft  
(Include pregnancy within 3 months of death)

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? 28 ft

(Specify type of place) \_\_\_\_\_

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature J. W. Ward (M. D. or other) DD

Address Greenfield, Mo. Date signed June 27, 40

RECEIVED

District Health Officer No. 6,

District File Number B 40-2410r

Date Filed AUG-05-1948

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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.....

J. W. Ward

Licensed Embalmer No. 2832

P. O. Address Premfield, 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.