

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **39370**

Registration District No. **612**

Primary Registration District No. **5814**

Registrar's No. _____

1. PLACE OF DEATH:
 (a) County Newton
 (b) City or town Wentworth (rural)
 (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 _____
 In this community 8 yrs.
 years, months or days (Specify whether _____)

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

3. (a) PRINT FULL NAME Samuel Lincoln Blankenship
 3. (b) If veteran, name war World War No. 1
 3. (c) Social Security No. 442-07-7515

4. Sex M 5. Color or race W
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Nettie Blankenship
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased May 29 1888
 (Month) (Day) (Year)

8. AGE: Years 52 Months 5 Days 25
 If less than one day _____ hr. _____ min.

9. Birthplace Eldorado Springs Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation Machinist

11. Industry or business Steel works

MOTHER FATHER
 { 12. Name David Blankenship
 { 13. Birthplace Decatur Ill.
 { 14. Maiden name Fannie Blankenship
 { 15. Birthplace Edgar Neb.
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Harley Blankenship
 (b) Address Chetopa Kans.

17. (a) burial (b) Date thereof 11/26/40
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Van Ecken Cem.

18. (a) Signature of funeral director John H. ...
 (b) Address Pierce City Mo.

19. (a) 11/26-40 (b) Ernest ...
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 24 day November
 year 1940 hour about 10 a. M.

21. I hereby certify that I attended the deceased from _____ to _____ 19____;
 that I last saw him alive on Nov. 24 1940;
 and that death occurred on the date and hour stated above.

Immediate cause of death Unknown
Probable organic heart attack

Due to Natural causes

Due to _____

Other conditions (include pregnancy within 3 months of death) 9/5/40

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? _____

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

23. Signature Carley Thompson (M.D. or other) _____
 Address Newark Neb. Date signed _____

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.

FILED DEC 27 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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed Victor O. Henriquez

Licensed Embalmer No. 3822

P. O. Address Pearl City

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.