

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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **42652**

JAN 16 1943 49  
Registration District No. **49**

Primary Registration District No. **5487**

Registrar's No. **23**

1. PLACE OF DEATH:

(a) County **Nemoy**  
(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 \_\_\_\_\_ (Specify whether)  
In this community **5 months** years, months or days

3. (a) PRINT FULL NAME **Junior Ray Blanchard**

3. (b) If veteran, name war **none** 3. (c) Social Security No. **No**

4. Sex **m** 5. Color or race **w** 6. (a) Single, widowed, married, divorced **single**

6. (b) Name of husband or wife **none** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **July 22 1940** (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**0 5 7** hr. min.

9. Birthplace **Nemoy County Missouri** (City, town, or county) (State or foreign country)

10. Usual occupation **infant**

11. Industry or business

12. Name **Richard Blanchard**

13. Birthplace **Putnam County Missouri** (City, town, or county) (State or foreign country)

14. Maiden name **Miss Irene Souther**

15. Birthplace **Harrison County Missouri** (City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Richard Blanchard**

(b) Address **Carham, Mo**

17. (a) **Burial** (b) Date thereof **Dec 30-1940** (Month) (Day) (Year)

(c) Place: burial or cremation **Beulah, Missouri**

18. (a) Signature of funeral director **Spore & Son**

(b) Address **Clinton, Mo**

19. (a) **Dec 30 1940** (b) **Miss Edith J. Dimpore** (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

(d) Street No. **0** (If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **29**  
year **1940** hour **4** minute **10 P.M.**

21. I hereby certify that I attended the deceased from **Dec 29**, 1940, to **Dec 29**, 1940,  
that I last saw him alive on **Dec 29**, 1940,  
and that death occurred on the date and hour stated above.

Immediate cause of death **Bronchial Pneumonia** Duration **2 days**

Due to **107 W**

Due to

Other conditions **Acute Myocarditis** **1 day**  
(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?

**956** (Specify type of place)

While at work? (e) Means of injury

23. Signature **R. P. Hallingworth** (M. D. or other)

Address **Clinton, Mo** Date signed **2/29/40**

RECEIVED

Dr. H. H. Health Officer No. 7,

Original Number 1-41-11

Date Filed 1-3-41

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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.....

Licensed Embalmer No. ....

P. O. Address.....

**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.**