

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

7914

MAR 19 1941 724  
Registration District No.

Primary Registration District No. 5955

State File No.

Registrar's No.

## 1. PLACE OF DEATH:

(a) County Putman  
 (b) City or town York  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 1  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community 69 Years  
 years, months or days

3. (a) PRINT FULL NAME Minnie Bell Blanchard

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Robert Blanchard 6. (c) Age of husband or wife if alive 69 years  
 7. Birth date of deceased Nov. 17 1881  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
59 2 23 hr. min.

9. Birthplace Putman Co. Mo  
 (City, town, or county) (State or foreign country)

10. Usual occupation House Wife

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

12. Name Louis Owens

13. Birthplace Mo.  
 (City, town, or county) (State or foreign country)

14. Maiden name Sussie Howary

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

16. (a) Informant Robert Blanchard(b) Address Powersville, Mo.

17. (a) Burial (b) Date thereof 2-11-41  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wyreka18. (a) Signature of funeral director Martin Funeral Home(b) Address Princeton, Mo.

19. (a) Feb 12-1941 (b) Mrs. D.W. Bellor  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Putman 86  
 (c) City or town Rural 0  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. N. of Lucerne, Mo. 0  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. 0 years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 9  
 year 1941 hour 1:00 minute 30 p.m.

21. I hereby certify that I attended the deceased from Oct 7, 1940 to Feb 7, 1941  
 that I last saw him alive on Feb 7, 1941  
 and that death occurred on the date and hour stated above.

Immediate cause of death

Embolism from chronic myelomatosis

Due to 12 hr  
 Due to 10

Other conditions Portial intestinal obstruction - Cause unknown  
 (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?  
651 (Specify type of place) \_\_\_\_\_  
 While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature L.W. M. Donald (M. D. or other) Dr.  
 Address Powersville, Mo. Date signed 2/10/41

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 10

District File Number 3-41-507

Date Filed MAR 8 1941

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

*H. Ivan Martin*

Licensed Embalmer No. 3760

P. O. Address Princeton, 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, fact should be so stated above.