

Registration District No. 152

Primary Registration District No. 5216

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Cass

(b) City or town Rural Camp Branch Twp
(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) 1

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 76 years 5 mo.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cass ⁰¹⁹

(c) City or town Rural ⁰
(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? 0 years.

3. (a) PRINT FULL NAME BARBARA E. BLANK

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23
year 1941 hour 9 minute 30 P. M.

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced, widow

6. (b) Name of husband or wife J. H. Blank 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: Feb. 7 1852
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 20, 1941 to July 23, 1941
that I last saw her alive on July 23, 1941
and that death occurred on the date and hour stated above.

8. AGE: Years 89 Months 5 Days 16 If less than one day _____ hr. _____ min.

Immediate cause of death: Cerebral Hemorrhage

Due to: Internal Hypertension

Due to: Sensility

Other conditions: gign
(include pregnancy within 3 months of death)

9. Birthplace Fairfield Co Ohio
(City, town, or country) (State or foreign country)

10. Usual occupation House wife

Major findings: _____
Of operations _____
Of autopsy _____

11. Industry or business _____

MOTHER FATHER { 12. Name Solomon Yoder

13. Birthplace Mifflin Co Pa
(City, town, or county) (State or foreign country)

14. Maiden name Sarah King

15. Birthplace Mifflin Co Pa
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Mrs Pearl Yoder

(b) Address East Lyme Mo.

17. (a) Burial (b) Date thereof 7-25-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clearfork Cemetery

18. (a) Signature of funeral director A. D. Neigler

(b) Address East Lyme Mo

19. (a) 7-25-41 (b) Mrs Effie Stone
(Date received local registrar) (Registrar's signature)

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

23. Signature David Stone (M. D. or other) D
Address Hamersville Mo Date signed 7/24/41

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

19
00
0

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. 2717

P. O. Address East Lynne 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.