

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JAN 6 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

41516

State File No. _____

Registration District No. 275

Primary Registration District No. 5170B

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Camden
(b) City or town Richland
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Russel Anglatzger
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____
years, months or days

3. (a) PRINT FULL NAME

LANOYA ANN BLANKENSHIP

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov 9 - 1941
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

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

10. Usual occupation Infant

11. Industry or business _____

12. Name Porter Blankenship

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

14. Maiden name Anna Blankenship

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

16. (a) Informant Porter Blankenship

(b) Address Richland Rte 1 Mo

17. (a) Burial (b) Date thereof 12-31-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MDJern

18. (a) Signature of funeral director MDJern

(b) Address Richland Mo

19. (a) Jan 1942 (b) Mrs. Mae Paul Moody
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Camden
(c) City or town Richland Rte 1
(If outside city or town limits, write "RURAL")
(d) Street No. Russel Anglatzger
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 30
year 1941 hour 9 minute 30 a.m.

21. I hereby certify that I attended the deceased from Dec 18 1941 to Dec 30 1941
that I last saw him alive on Dec 30 1941
and that death occurred on the date and hour stated above.
Immediate cause of death Flu Duration 1 wk

Due to General Congenital Debility Life
Due to malnutrition Life

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy none

PHYSICIAN

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? _____

While at work _____ (Specify type of place) Means of injury _____
23. Signature Orest J. Oliver (M.D. or other) MD
Address Richland Mo Date signed 12-30-41

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

RECEIVED

District Health Officer No. 7,

District File Number 12-41-2084

Date Filed 1-5-42

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, fact should be so stated above.