

FILED JUN 4 1942

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

17811

Do not use this space.

1. PLACE OF DEATH

(a) County Cooper Registration District No. 5299-2210
 (b) Township Kelly Primary Registration District No. 5299
 (c) City Buncelton (d) Street No. Road Registered No. 22
 (e) Length of residence in city or town where death occurred yrs. 50 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John Blank

(a) Residence, No. Cooper county St. (If nonresident, give city or town and State)
 (Usual place of abode if no street address, write county of city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jenny Blank

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 25, 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
83 11 7

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc. "
 10. Date deceased last worked at this occupation (month and year) 4-1-42 11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME Frank Blank

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

15. MAIDEN NAME Christiana Deitzel

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Margaret Blank
Barker, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Buncelton DATE May 6 1942

19. FUNERAL DIRECTOR (ADDRESS) W. Y. Parker
Buncelton Mo

20. FILED May 8 1942 Missouri Robins
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 2 - 1942

22. I HEREBY CERTIFY, That I attended deceased from 1940, to May 2, 1942

I last saw him alive on May 2 -, 1942 Death is said

to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage Date of onset (?)

Other contributory causes of importance: 930

My pertussis (?)

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) W. R. Steacy, M. D.

(Address) Buncelton, Mo.

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 6-3-42

STATEMENT BY LICENSED EMBALMER

I, P. Y. Parker Licensed Embalmer No. 25,457

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed P. Y. Parker

Licensed Embalmer No. 25,457

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.)