

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

18770

State File No.

FILED JUN 4 1942 712

Registration District No.

Primary Registration District No.

Registrar's No. 51

1. PLACE OF DEATH:

(a) County Pulaski
(b) City or town Laguna, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(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

ELIZA WINIFRED BLANCHARD

3. (b) If veteran,
name war.....

3. (c) Social Security
No.

4. Sex F 1. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if
alive 62 years
7. Birth date of deceased Sept 18, 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 7 12 hr. min.

9. Birthplace North Wood Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Housewife

12. Name Geo M Stangfellow

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

14. Maiden name Mary McQuinn

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

16. (a) Informant J. H. Blanchard

(b) Address Laguna Mo

17. (a) Burial (b) Date thereof 2/13/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Home

18. (a) Signature of funeral director R. B. Dyer

(b) Address Richland Mo

19. (a) 5-20-1942 (b) Geo M. Dodd
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pulaski
(c) City or town Laguna
(If outside city or town limits, write "RURAL")
(d) Street No. Home
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12
year 1942 hour 8 minute 32 pm

21. I hereby certify that I attended the deceased from April 12 1942 to May 12 1942
that I last saw her alive on May 11 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Rectum Duration 2 years

Due to.....

Due to.....

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Cancer of Rectum

Of autopsy no

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 R. B. Dyer (M. D. Registrar)

Address Richland Mo Date signed 5/12/42

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

RECEIVED

Pulaski County Health Officer

File Number 5-42-141

Date Filed 5-30-42

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.