

FILED JUL 16 1942

Registration District No. *219*

Primary Registration District No. *5821*

Registrar's No.

74
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Nodaway
(b) City or town Clearmont (Rural)
(c) Name of hospital or institution: 5 1/2 Mi. northeast of Clearmont, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
14 months. (Specify whether years, months or days)
In this community 14 months.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway
(c) City or town Clearmont, Mo. (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. 5 1/2 Mi. northeast.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country ---

3. (a) PRINT FULL NAME Minnie May 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 Widow
6. (b) Name of husband or wife --- 6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased Jan. 3, 1869
(Month) (Day) (Year)

8. AGE: Years 73 Months 5 Days 1 If less than one day hr. min.

9. Birthplace Delaware, Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business none

12. Name Gordon Abraham Morehouse

13. Birthplace Morrow County Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Martha Jane Strawn

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

16. (a) Informant Loy Blanchard
(b) Address Clearmont, Mo.

17. (a) Burial (b) Date thereof June 6 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hopkins, Mo.
(d) Signature of funeral director Price Funeral Home
(e) Address Marysville, Mo.

19. (a) June 6 (b) Mrs. W. G. Carpenter
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4
year 1942 hour 4 minute 25 P. M.

21. I hereby certify that I attended the deceased from 5/12/42 to 6/4/42
that I last saw him alive on 5/12/42 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis
Due to Arterio Sclerosis

Other conditions g3f
(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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature [Signature] (M. D. or other) [Signature]
Address [Signature] Date signed 6/7/42

Duration 3 yrs
PHYSICIAN
Underline the cause to which death should be charged statistically.

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 Clair M. Price
Licensed Embalmer No. 1822
P. O. Address Maryville, 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.