

FILED SEP 15 1942
Registration District No. 301

Primary Registration District No. 4450

Registrar's No. 1853

1. PLACE OF DEATH:

(a) County Ripley
(b) City or town Doniphan
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution at home - in town
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 years. (Specify whether years, months or days)
In this community 30 years.

3. (a) PRINT FULL NAME

John Johnson Blunk

3. (b) If veteran, name war _____

3. (c) Social Security No. ✓

4. Sex Male

5. Color or race white

6. (a) Single, widowed, married, 2 divorced widower

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

6. (b) Name of husband or wife Emma E. Johnson

7. Birth date of deceased disc. 13 (Month) (Day) (Year)

8. AGE:

Years 81 Months 8 Days 18 If less than one day ✓ hr. - min. -

9. Birthplace West Fork (City, town, or county)

Indiana (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

Lumberman

MOTHER FATHER

12. Name

John Blunk

13. Birthplace

Indiana (City, town, or county)

Indiana (State or foreign country)

14. Maiden name

Blunk

15. Birthplace

Indiana (City, town, or county)

Indiana (State or foreign country)

16. (a) Informant Mrs. Joe Wright

(b) Address Doniphan, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-2-42 (Month) (Day) (Year)

(c) Place: burial or cremation Doniphan Mo.

18. (a) Signature of funeral director J. E. Jordan

(b) Address Doniphan Mo.

19. (a) 9/3/42 (Date received local registrar) (b) S. B. Johnston (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ripley
(c) City or town Doniphan (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? ✓ No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 1 year 1942 hour 4 minute 55 A M.

21. I hereby certify that I attended the deceased from 1942 to 1942

that I last saw him alive on 8-22- and that death occurred on the date and hour stated above.

Immediate cause of death

Paralysis of heart

Due to a cerebral hemorrhage some six years ago

Due to apoplexy

Other conditions hypertension & arterial sclerosis (Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy 308

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) (e) Means of injury _____

23. Signature J. E. Jordan (M. D. or other)

Address Doniphan Mo. Date signed 9-2-42

RECEIVED
District Health Officer No. 5,
District File Number 942837
Date Filed 9-14-42

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. 3200

P. O. Address Doughan M.

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.