

FILED OCT 14 1942
 53

Registration District No.

Primary Registration District No. 3010

Registrar's No. 267

1. PLACE OF DEATH:
 (a) County Cape Girardeau
 (b) City or town Cape Girardeau
 (c) Name of hospital or institution: 834 N. Spanish St
 (d) Length of stay: In hospital or institution Entire life
 In this community Entire life

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Cape
 (c) City or town Cape Girardeau
 (d) Street No. 834 N. Spanish
 (e) Citizen of foreign country? no

3. (a) PRINT FULL NAME HARRY BLANCET
 3. (c) Social Security No.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Sept day 18 1942
 year 1942 hour 6 minute 18 P. M.

4. Sex male 5. Color or race white
 6. (a) Single, widowed, married, divorced single
 6. (b) Name of husband or wife Barbara Ed Juehl
 6. (c) Age of husband or wife if alive 14 years

21. I hereby certify that I attended the deceased from Aug. 12 1942 to Sept 18 1942
 that I last saw h. alive on Sept 12 1942
 and that death occurred on the date and hour stated above.

7. Birth date of deceased: Aug. 14 1889
 (Month) (Day) (Year)

Immediate cause of death
Chronic nephritis

8. AGE: Years 53 Months 29 Days hr. min. ...

Due to Chronic nephritis
 Due to Chronic nephritis
 Other conditions: 1318
 (Include pregnancy within 3 months of death)

9. Birthplace Cape Girardeau Mo
 10. Usual occupation Barber & Jeweler
 11. Industry or business Barber & Jeweler

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

MOTHER FATHER
 12. Name Charles Blancet
 13. Birthplace Liberty Ill
 14. Maiden name Laura Mc Kee
 15. Birthplace Pocahontas Mo
 16. (a) Informant Edus Blancet
 (b) Address 834 N. Spanish Cape Girardeau
 17. (a) Burial (b) Date thereof Sept 16 1942
 (c) Place: burial or cremation Grimer Cemetery
 18. (a) Signature of funeral director Seabough Jr. Home
 (b) Address 118 S. Skidway St. Cape
 19. (a) 9-14-42 (b) G. H. Phelps
 (Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) no
 (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?
 While at work? --- (Specify type of place)
 (e) Means of injury ---
 23. Signature G. M. Murphy (M. D. or other) ---
 Address Cape Girardeau Date signed 9-14-42

16
 1
 4

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

#10

RECEIVED

District Health Officer No. 4

District File No. 1042-1271

Date Filed 10-13-42

MAY 25 1945

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 Glenn Wilson
Licensed Embalmer No. 2828
P. O. Address Jackson, 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.