FILED DEC 8 1942

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

36858
Do not use this space.

1. PLACE OF DEATH
(a) County Carter Registration District No. 6
(b) Township Kelley Primary Registration District No. 5215 Registered No. 34
(c) City or ... (d) Street No. 1 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Henry Weiss Blanchard
(a) Residence, No. Rural St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF Delitha Jane Blanchard

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 16-1863

7. AGE — YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
79	8	25	

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone Co. Mo.

FATHER
13. NAME Henry weiss Blanchard
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown ?

MOTHER
15. MAIDEN NAME Sarah Jordon
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown ?

17. INFORMANT (ADDRESS) Noble Blanchard Van Buren Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Kelly Cemetery DATE 11-13-42, 19...

19. FUNERAL DIRECTOR (NAME) Leuckel Funeral Service (ADDRESS) Van Buren Mo.

20. FILED Nov 12, 1942 Mrs A J Smith Local Registrar.

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 11-42, 1942

22. I HEREBY CERTIFY, That I attended deceased from Nov. 9th, 1942 to Nov. 11th, 1942
I last saw him alive on Nov. 9th, 1942. Death is said to have occurred on the date stated above, at 8:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Violence to head, probably fracture of skull, sustained in fall from house porch-11-8-42	
Other contributory causes of importance: General debility from age-	

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 11-8 42
Where did injury occur? Rural, Kelley Twp. Carter Co (Specify city or town, county, and State)
Specify whether injury occurred in Industry, in home, or in public place. In home,
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) T. W. Cotton, M. D.
(Address) Van Buren, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-9-19-38 I X18605

RECEIVED
District Health Officer No 3
District File No. 1242 1041
Date Filed 12-7-42

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~~ 11-11-42

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Philip A Teuchel

Licensed Embalmer No. 2936

P. O. Address Van Buren Ind.

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, above space should be left blank.