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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 17 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Pfeiffer

State File No. 10144

Registration District No. 1-2

Primary Registration District No. 5416

Registrar's No.

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Arbyrd, Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin 35

(c) City or town Arbyrd, Rural - 0
(If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME OAKLAND-BLANKINSHIP

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife —

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

7. Birth date of deceased Jan (Month) 30 (Day) 1941 (Year)

8. AGE: Years 2 | Months | Days 2 | If less than one day hr. min.

9. Birthplace Arbyrd, Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business —

FATHER
12. Name Lossie Elmer Blankinship
13. Birthplace Craighead Co. Ark. 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ethel Calhoun
15. Birthplace Anna Ill. 1
(City, town, or county) (State or foreign country)

16. (a) Informant L. E. Blankinship
(b) Address Arbyrd Mo Route 1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/3/43 (Month) (Day) (Year)
(c) Place: burial or cremation Silverdale, Mo.

18. (a) Signature of funeral director H. H. Howard
(b) Address Leachville, Ark.

19. (a) 2-31-43 (Date received local registrar) (b) M E Moore (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 2nd year 1943 hour 1 minute 50P M.

21. I hereby certify that I attended the deceased from Jan 28, 1943, to FEB 1, 1943 that I last saw him alive on FEB 1, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Toxic Menengitis following measles	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 35	
Major findings: Of operations	
Of autopsy	

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? (Specify type of place)
While at work (e) Means of injury

23. Signature E. M. Pfeiffer (M. D. or other)
Address Leachville, Ark. Date signed 2/12/43

1013

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 3-13-383
Date Filed 3-16-43

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.