

FILED APR 21 1943

Registration District No. **72**

Primary Registration District No. **4134**

Registrar's No. **19**

1. PLACE OF DEATH:

(a) County **CLAY**
(b) City or town **SMITHVILLE, MO. R.F.D.**
(c) Name of hospital or institution:
SMITHVILLE COMMUNITY HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **5 Weeks**
In this community **9 Years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **CLAY**
(c) City or town **SMITHVILLE, MO. R.F.D.**
(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 _____

3. (a) PRINT **ROBERT HAMMOND BLANKENSHIP**
FULL NAME

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 **MARRIED**

6. (b) Name of husband or wife **SARAH E. BOYDSTON BLANKENSHIP** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **MARCH 4 1887**
(Month) (Day) (Year)

8. AGE: Years **56** Months **0** Days **6** If less than one day _____ hr. _____ min.

9. Birthplace **PLATTE CO. MISSOURI.**
(City, town, or county) (State or foreign country)

10. Usual occupation **FARMER**

11. Industry or business

MOTHER FATHER { 12. Name **BERT BLANKENSHIP**
13. Birthplace **MO.**
14. Maiden name **WIFE of JANE KIMSEY**
15. Birthplace **MO.**

16. (a) Informant **MRS. R.H. BLANKENSHIP**
(b) Address **SMITHVILLE, MO. R.F.D.**

17. (a) **BURIAL** (b) Date thereof **3 13 '43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **BIDGELEY PLATTE CO. MO.**

18. (a) Signature of funeral director **McQuinn Funeral Home**
(b) Address **Smithville, Mo.**

19. (a) **Mar 15 - 1943** (b) **Ruth N. Henry**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **11** year **1943** hour **12:30** minutes _____ M.

21. I hereby certify that I attended the deceased from **Oct 1 1943 to March 11 1943**
that I last saw him alive on **March 10 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **Nephroses - diff.**
Ch myocarditis

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) **52a**

Major findings: Of operations **✓** Of autopsy **no**

Duration _____
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) Means of injury _____

23. Signature **E. B. ... MD** (M. D. or other) _____
Address **Smithville, Mo.** Date signed **3-12-43**

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

MOTHER FATHER

10.21

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 4-20-43

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 S. A. McAdams
Licensed Embalmer No. 2303
P. O. Address Smithville, 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.

Registration District No. 72

Primary Registration District No. _____

Registrar's No. 19

1. PLACE OF DEATH:

(a) County Clay
 (b) City or town Smithville
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution Smithville Community Hosp.
(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 Mo (b) County Clay
 (c) City or town Smithville
(If outside city or town limits, write "RURAL")
 (d) Street No. Rural Route
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Robert H. Blankenship

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____

7. Birth date of deceased march 4 1943
(Month) (Day) (Year)

8. AGE: Years 56 Months 0 Days 2 min. _____
If less than one day

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month march 1
 year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____;
 that I last saw him/her alive on _____ 19____;
 and that death occurred on the date and hour stated above.
 Immediate cause of death _____

Duration

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

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? _____

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

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

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

SUPPLEMENTARY

