S. No. 2
M—9-[illegible]
5-15-[illegible]
P I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 9 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

22289

State File No.

Registration District No. 315 Primary Registration District No. 6067 Registrar's No.

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

1. PLACE OF DEATH:

(a) County St. Clair

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

(c) Name of hospital or institution: 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community about 8 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Clair

(c) City or town Rural 93
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country 0

3. (a) PRINT FULL NAME ALLEN BLANKENSHIP

3. (b) If veteran, name war ✓

3. (c) Social Security No. 499-07-1846

4. Sex Male

5. Color or race white

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Sept. (Month) 16 (Day) 1884 (Year)

8. AGE: Years 58 Months 8 Days 7 If less than one day hr. min.

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

10. Usual occupation Plumbers helper

11. Industry or business

FATHER
12. Name Do not know
13. Birthplace " " " (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name " " "
15. Birthplace " " " (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs Henry Jobe.
(b) Address Schell City Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 29 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant Grove

18. (a) Signature of funeral director Lute Lewis & Son
(b) Address Schell City Mo.

19. (a) 6-3-43 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23 year 1943 hour 2 minute 10 P M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Drowning

Due to He and two other men were in a boat during the high flood stage boat turned over and he was drowned while trying to swim out.

Due to No signs of violence Body was recovered 5-28-43

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

183-3

36

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident 93

(b) Date of occurrence 5-23-43

(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 Forrest B. Goodrich Coroner (M. D. or other)

Address Osceola Mo Date signed 6/3/43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 6-43-611
Date Filed 5-7-43

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 Marion M. Lewis

Licensed Embalmer No. 3084

P. O. Address Schell city, 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.