

Registration District No. 7

Primary Registration District No. 5767

1. PLACE OF DEATH:

(a) County Callaway
(b) City or town Rural Liberty Jct
(c) Name of hospital or institution: _____
(If outside city or town limits, write "RURAL" and name of township)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 47 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway
(c) City or town Rural
(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 _____

3. (a) PRINT FULL NAME Katie Blanton Fred

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife Edward Fred 6. (c) Age of husband or wife if alive dead years
7. Birth date of deceased Feb. 14 1871
(Month) (Day) (Year)

8. AGE: Years 72 Months 6 Days 1 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Robert Blanton
13. Birthplace Mo. Ky
(City, town, or county) (State or foreign country)
14. Maiden name Mary Rolland
15. Birthplace Mo. Ky
(City, town, or county) (State or foreign country)

16. (a) Informant Pearl Fred
(b) Address Aux Vasse Mo
17. (a) Burial (b) Date thereof Aug 16 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant Grove

18. (a) Signature of funeral director Hughes Maupin
(b) Address Aux Vasse Mo
19. (a) Aug 16 1943 (b) Joan Morankhoff
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 15 year 1943 hour 23 minute _____ A. M.

21. I hereby certify that I attended the deceased from July 7 1943 to August 8 1943
that I last saw her alive on August 8 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Due to _____
Due to 83a
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

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 L. J. Nichols (M. D. or other) _____
Address Aux Vasse Mo Date signed 8/16/43

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

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 Hughes Manpin
Licensed Embalmer No. 2358

P. O. Address Auxvasse 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.