

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

32719

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

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

3. (a) PRINT
FULL NAMEEmma Blunkall

3. (b) If veteran,

name war

3. (c) Social Security

No.

4. Sex

F5. Color or
race W6. (a) Single, widowed, married,
divorced Married

6. (b) Name of husband or wife

Thomas B. Blunkall

6. (c) Age of husband or wife if

alive 64 years

7. Birth date of deceased

Aug21880

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

63011

hr.

min.

9. Birthplace

Shannon County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation

Housewife

11. Industry or business

MOTHER FATHER

12. Name

George Blake

13. Birthplace

Virginia
(City, town, or county) (State or foreign country)

14. Maiden name

Martha Medley

15. Birthplace

Jefferson County Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant

Thomas B. Blunkall

(b) Address

Winona Mo.

17. (a)

Burial
(Burial, cremation, or removal)

(b) Date thereof

8-13-43

(Month) (Day) (Year)

(c) Place: burial or cremation

Medley Cemetery

18. (a) Signature of funeral director

Phil A. Leuckel

(b) Address

Van Buren Mo.

19. (a)

8-14-43
(Date received local registrar)

(b)

Frank Byrd
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Shannon 101
(c) City or town Winona 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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 13
year 1943 hour 12 minute 00 P. M.

21. I hereby certify that I attended the deceased from

_____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death

Arterio Sclerosis

Duration

Due to

Due to

Other conditions

(Includes 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)
(c) Means of injury

23. Signature Frank Byrd (M. D. or other)Address Winona Mo. Date signed _____

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

RECEIVED

District Health Officer No. 5,

District File Number

Date Filed

443566
9.17-43

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.