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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 11 1944

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

422831

State File No. _____
Registrar's No. 1047

Registration District No. 128 Primary Registration District No. 2000

1. PLACE OF DEATH: GREENE
(a) County: Springfield,
(b) City or town: Springfield,
(c) Name of hospital or institution: St. John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 3 days
In this community: 3 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Webster
(c) City or town: Seymour
(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: Charles Willard Blanchard
(b) If veteran, name war: Unknown
(c) Social Security No.: Unknown

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December day 21, year 1943 hour 6:15 minute P. M.

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Mrs. Belle S. Blanchard
6. (c) Age of husband or wife if alive: Deceased years
7. Birth date of deceased: June 12, 1864 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 16, 1943, to Dec 21, 1943, that I last saw him alive on Dec 21, 1943, and that death occurred on the date and hour stated above.

8. AGE: Years 79 Months 6 Days 9 hr. min.

Immediate cause of death: Acute Myocardial Infarction
He had been in poor health for past two years and past two weeks had been quite free from cigarettes and opiate.
Due to: _____
Due to: _____
Other conditions: Distention Hypertrophy of Heart
(Include pregnancy within 3 months of death)

9. Birthplace: Unknown California (City, town, or county) (State or foreign country)
10. Usual occupation: Physician

PHYSICIAN
Major findings: Of operations: _____
Of autopsy: _____
Underline the cause to which death should be charged statistically.

11. Industry or business: Medicine
12. Name: Celest J. Blanchard
13. Birthplace: Unknown New York (City, town, or county) (State or foreign country)
14. Maiden name: Josephine Lamb
15. Birthplace: York, Pa. N. York (City, town, or county) (State or foreign country)

16. (a) Informant: Dr. F. W. Blanchard
(b) Address: St. Louis, Missouri

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): No
(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? _____

17. (a) Burial (b) Date thereof: 12/24/43 (Month) (Day) (Year)
(c) Place: burial or cremation: Hazelwood Cemetery
18. (a) Signature of funeral director: Alma Lohmeyer Funeral Home
(b) Address: Springfield, Missouri
19. (a) 12-23-43 (Date received local registrar) (b) Dr. W. Handley (Registrar's signature)

23. Signature: Robert J. Williams (M.D. or other)
Address: Springfield Mo Date signed: 12-23-43

(Licensed Embalmer's Statement on Reverse Side)

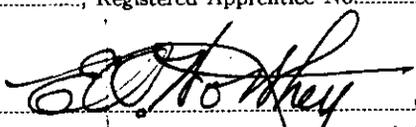
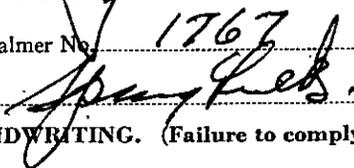
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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. 1767
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.

X