

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

FILED MAR 14 1944

6749  
Do not use this space.

1. PLACE OF DEATH

(a) County Camden Registration District No. 50  
(b) Township Orange Primary Registration District No. 5176  
(c) City Stoutland (d) Street No. 1  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred 18 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME GEORGE W. BLANKENSHIP

(a) Residence, No.                      St.                       
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lucy Blankenship  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 30 1861

7. AGE YEARS 82 MONTHS 7 DAYS 20 If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. retired farmer  
9. Industry or business in which work was done, as saw mill, bank, etc.                       
10. Date deceased last worked at this occupation (month and year)                      11. Total time (years) spent in this occupation                     

12. BIRTHPLACE (CITY OR TOWN) Near Stoutland (STATE OR COUNTRY) Camden Co Mo

13. NAME Daniel Blankenship  
14. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY)                     

15. MAIDEN NAME unknown  
16. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY)                     

17. INFORMANT Laurence Blankenship (ADDRESS) Stoutland Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Stoutland Cemetery Feb 22 1944

19. FUNERAL DIRECTOR Wm. J. Brown (ADDRESS) Stoutland Mo

20. FILED Feb 25 1944 Edith Nelson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-20 1944

22. I HEREBY CERTIFY, That I attended deceased from August 1 1944 to Feb 20 1944  
I last saw him alive on Feb 18 1944 Death is said to have occurred on the date stated above, at 4 P m.  
The principal cause of death and related causes of importance were as follows:

Valvular heart disease  
Date of onset back 1 year

Other contributory causes of importance: 92d

Name of operation had hole dug Date of                       
What test confirmed diagnosis?                      Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?                      Date of injury                     , 19                      
Where did injury occur?                      (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury                       
Nature of injury                     

24. Was disease or injury in any way related to occupation of deceased?                       
If so, specify C. E. Carls, M. D.  
(Signed)                      (Address) Stoutland Mo

1337

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Health Officer No. 7

2-44-334 302

Examination No.

3-13-44

Date Filed

*This body was not embalmed*

### STATEMENT BY LICENSED EMBALMER

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_

hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_

\_\_\_\_\_, L. E. \_\_\_\_\_

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

**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.)**