

FILED JAN 11 1945
Registration District No. 208

Primary Registration District No. 3041

Registrar's No. 132

1. PLACE OF DEATH:

(a) County Macon
(b) City or town macon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Samaritan hospital
(If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Macon
(c) City or town macon
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John L. Blankenship
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 18
year 1944 hour 7:30 minute a M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
(b) Name of husband or wife _____ (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 29 - 1866
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 12-11 1944 to 12-18 1944
that I last saw him alive on 12-17 1944
and that death occurred on the date and hour stated above.
Immediate cause of death Cerebral hemorrhage
Duration 7 days

8. AGE: Years 78 Months 8 Days 19 If less than one day hr. _____ min. _____

Due to General arteriosclerosis 5 months
Due to with hypertension years

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

10. Usual occupation Retired laborer

Other conditions (Include pregnancy within 6 months of death) _____

MOTHER FATHER

11. Industry or business _____
12. Name Edward Q. Blankenship
13. Birthplace Ky
(City, town, or county) (State or foreign country)
14. Maiden name Nancy Green
15. Birthplace Ky
(City, town, or county) (State or foreign country)

Major findings: Of operations _____
Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant James Blankenship
(b) Address macon mo

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

17. (a) burial (b) Date thereof 12/19/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(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? _____

(c) Place: burial or cremation Woodlawn Cem

18. (a) Signature of funeral director Robert Skemp
(b) Address macon mo

While at work? _____ (Specify type of place) (c) Means of injury _____

19. (a) 1/3/45 (b) Yvra B. Dunkle
(Date received local registrar) (Registrar's signature)

23. Signature J.P. Donoway (M. D. or other)
Address macon mo Date signed 12-20-44

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

1
3
2

61
-3
-5

RECEIVED
District Health Officer No. 10
District File Number 1-45-107
Date Filed JAN 9 1945

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 Albert Skinner

Licensed Embalmer No. 75-1

P. O. Address Macon 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.