

Relieving

State File No.

6572

FILED FEB 24 1945

3045

Registration District No. *277*

Primary Registration District No.

Registrar's No.

2

1. PLACE OF DEATH:

(a) County Mississippi
(b) City or town Charleston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
202 S. Second St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 35 Years
In this community 35 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Miss. 67
(c) City or town Charleston
(If outside city or town limits, write "RURAL")
(d) Street No. 400 N. Locust St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country None

3. (a) PRINT FULL NAME Alice Siretta Blanchard

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

4. Sex F 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Joe Blanchard (dec'd) 6. (c) Age of husband or wife if alive 3 years

7. Birth date of deceased September 3rd 1874
(Month) (Day) (Year)

8. AGE: Years 70 Months 3 Days 29
If less than one day hr. min.

9. Birthplace Summerville Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife (retired)

11. Industry or business

12. Name Samuel Hill
13. Birthplace N.K. Tenn.
(City, town, or county) (State or foreign country)
14. Maiden name N.K.
15. Birthplace N.K. N.K.
(City, town, or county) (State or foreign country)

16. (a) Informant Ralph Blanchard
(b) Address Aberdeen, Maryland

17. (a) Burial (b) Date thereof 1-6-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Greenville, Ill.

18. (a) Signature of funeral director John M. ...
(b) Address Charleston, Mo

19. (a) 2/5/45 (b) Mrs. L. ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 2nd
year 1945 hour 2 minute 50 P. M.

21. I hereby certify that I attended the deceased from Dec 29
1944 to Jan 2 1945
that I last saw h. ER alive on Jan 1
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage 3da
Due to hypertension & arteriosclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none
Of autopsy none

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) (e) Means of injury 0
23. Signature Chas. ... (M. D. or other)
Address Charleston, Mo Date signed 1/8/45

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

7
1
2

1257

RECEIVED
District Health Office No. 2,
District File Number 245-323
Date Filed 2-15-45

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 John F. Vermelee Jr
Licensed Embalmer No. 3851
P. O. Address Charleston, 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.