S. No. 2
M—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 17 1945

Registration District No. 2298

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14066

Primary Registration District No. 5-8-2-5 4356 Registrar's No. 4356

1. PLACE OF DEATH:

(a) County New Madrid

(b) City or town Parma (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: No 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No. (Specify whether

In this community about 8 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid

(c) City or town Parma 70 (If outside city or town limits, write "RURAL")

(d) Street No. 5 (If rural, give location) 0

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME William Isaah Barney Blankinship

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex M O

5. Color or race W

6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife Mary Ann Blankinship

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased March (Month) - 14 (Day) - 1864 (Year)

8. AGE: Years 81 Months 0 Days 8 If less than one day hr. min.

9. Birthplace UNK (City, town, or county) TENN 1 (State or foreign country)

10. Usual occupation FARMING

11. Industry or business ✓

FATHER
12. Name UNK
13. Birthplace UNK (City, town, or county) UNK 1 (State or foreign country)

MOTHER
14. Maiden name VIRGINIA WATSON
15. Birthplace UNK (City, town, or county) VIRGINIA 1 (State or foreign country)

16. (a) Informant Geo Blankenship

(b) Address Lilbourn Mo R1

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 3-25-45 (Month) (Day) (Year)

(c) Place: burial or cremation Mounds

18. (a) Signature of funeral director Richards Und Co

(b) Address New Madrid Mo

19. (a) Apr 4/45 (Date received local registrar) (b) Mrs S B Rademaker (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month March day 22 year 1945 hour 4:15 minute M.

21. I hereby certify that I attended the deceased from Mar 1, 1945, to Mar 22, 1945 that I last saw him alive on Mar 16, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac decomp acute glomerular nephritis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 95c

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Geo W Kristie (M. D. or other)

Address Parma Mo Date signed 3/28/45

1028

(Licensed Embalmer's Statement on Reverse Side)

APR 20 1965

RECEIVED
District Health Office No. 2,
District File Number 445-49
Date Filed 4/7/65

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.