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87101

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED AUG 22 1945

Registration District No. 2-383

Primary Registration District No. 7255

Registrar's No. 94

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

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Mt. Vernon, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri State Sanatoriums
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 185 days
(Specify whether
In this community 185 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Manchester
(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 Jesse Clinton Blankenship

3. (b) If veteran, name war none
3. (c) Social Security No. none

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

6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct 4 1889
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
55 9 18 hr. min.

9. Birthplace Miller County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Jesse Campbell Blankenship

13. Birthplace Miller County, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name S. Anna Lawson

15. Birthplace Marion County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant E. M. Michael, Record Clerk

(b) Address Mo. State San., Mt. Vernon, Mo.

17. (a) Personal (b) Date thereof July 23, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burial

18. (a) Signature of funeral director J. S. Williams

(b) Address Sullivan, Mo.

19. (a) 8/22/45 (b) Andy Crawford
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22nd
year 1945 hour 10:20 minute a. M.

21. I hereby certify that I attended the deceased from January 19th
1945 to July 22nd 1945
that I last saw him alive on July 22nd 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis
Duration over 1 yr.

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 73/11

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)
(a) Means of injury 0
23. Signature Charles C. Cracker (M. D. or other)
Address Mt. Vernon, Mo. Date signed 7-22-45

1538

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number 845-907
Date Filed ~~Aug 20 1945~~ AUG 20 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 *J. T. Williams*
Licensed Embalmer No. *427*
P. O. Address *Sullivan 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.