

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.

FILED OCT 29 1945

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

34447

Do not use this space.

1. PLACE OF DEATH

(a) County RosleyRegistration District No. 301(b) Township DoniphanPrimary Registration District No. 4450(c) City Doniphan(d) Street No. 1Registered No. 2059

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Gary Allen Blankenship 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

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Infant

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

August 17, 1945

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, 12 hrs. or 12 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

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) (STATE OR COUNTRY)

Doniphan
Missouri

FATHER

13. NAME

John Blankenship

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Alton, Mo.

MOTHER

15. MAIDEN NAME

Pauline Johnston

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Oregon County
Missouri

17. INFORMANT (ADDRESS)

Pauline Blankenship
Alton, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Alton, Mo. DATE 8-18, 1945

19. FUNERAL DIRECTOR (NAME) (ADDRESS)

Family
Alton, Mo.20. FILED 9-10, 1945E. C. G. Shurt
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 18, 194522. I HEREBY CERTIFY, That I attended deceased from August 17, 1945, to August 18, 1945I last saw him alive on August 18, 1945. Death is said to have occurred on the date stated above, at 11:00 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Premature birth
(Seven months) and
under developed

Other contributory causes of importance:

Name of operation 159 Date of 10What 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

(Signed) Blankenship, M. D.(Address) Doniphan, Mo.

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, above space should be left blank.