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 NOV 30 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38259
State File No.

Registration District No. 291
Primary Registration District No. 4433
Registrar's No. 62

1. PLACE OF DEATH:
(a) County Putnam
(b) City or town Unionville, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Monroe Hospital & Clinic
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution two days
In this community (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Putnam
(c) City or town Powersville, Mo.
(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 Wayne Anthany Blanchard
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct. (Month) 4 (Day) 1945 (Year)
8. AGE: Years Months Days 2 If less than one day hr. min.
9. Birthplace Monroe Hospital & Clinic Unionville Mo. (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER 12. Name Harold Floyd Blamchard
13. Birthplace Powersville, Mo. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Leah Prouty
15. Birthplace Miles City, Mont. (City, town, or county) (State or foreign country)
16. (a) Informant Leah Blanchard
(b) Address Powersville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Wyrecka Cem.
18. (a) Signature of funeral director H. Hustead & Son
(b) Address Unionville, Mo.
19. (a) 10-30-45 (Date received local registrar) (b) Marvell Durbin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. 6 day, year 1945 hour 7 AM minute M.
21. I hereby certify that I attended the deceased from Oct. 4, 1945 to Oct. 6, 1945
that I last saw him alive on Oct. 6, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral trauma in the birth canal	
Due to constricted cervix and spinous ischium	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 L. W. McDonald (M. D. or other) DO
Address Unionville Mo. Date signed 10-8-45

1532 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 11-45-1711
Date Filed NOV 27 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 F.O. Husted

Licensed Embalmer No. 2975

P. O. Address Unionville, 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.