

DEPARTMENT OF COMMERCE . . . THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS STANDARD CERTIFICATE OF DEATH

15995

State File No. _____

FILED JUN 10 1946

Registration District No. 5-8

Primary Registration District No. 5-212

Registrar's No. 41

1. PLACE OF DEATH:

(a) County Carter
(b) City or town Van Buren (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: her own home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community all life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Carter
(c) City or town Van Buren (Rural)
(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 Delitha J. Blanchard

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

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

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

7. Birth date of deceased July 10 1867 (Month) (Day) (Year)

8. AGE: Years 78 Months 9 Days 27 If less than one day hr. _____ min. _____

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

10. Usual occupation House wife

11. Industry or business _____

12. Name Melvine Payne

13. Birthplace unknown (City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Sera Burrows

(b) Address Van Buren mo

17. (a) Rural (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation kelley

18. (a) Signature of funeral director Seaton Perwith
(b) Address Van Buren mo
19. (a) May 24-46 (b) Mrs Octa Henson (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7 year 1946 hour 7 minute 15 P.M.

21. I hereby certify that I attended the deceased from June 1942 to May 7 1946 that I last saw her alive on May 7 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Branchio-pneumonia and acute circulatory collapse
Due to Infermitas of age

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____ Of autopsy _____

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) (c) Means of injury 2
23. Signature Frank Pucinski (or other) D.O.
Address Van Buren mo Date signed 5-7-46

Duration 2 days

PHYSICIAN _____ Underline the cause to which death should be charged (list)

WRITE PLAINLY—USE UNFADING INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 5,

District File No.

Date Filed

676861
6.6.46

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 Seaton Hewitt

Licensed Embalmer No. 2287

P. O. Address Van Buren

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.