

No. 2  
1-2-43  
5-17-39  
X39697

**FILED** AUG 28 1946  
Registration District No. 1

Primary Registration District No. 3000

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

1. PLACE OF DEATH:

(a) County Adair

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

(c) Name of hospital or institution: Community Nursing Home 4  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 month 23 days  
(Specify whether)

In this community Entire life  
years, months or days

3. (a) PRINT FULL NAME Joseph H. Blessing

3. (b) If veteran name war J

3. (c) Social Security No. ✓

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased July 21 1971  
(Month) (Day) (Year)

8. AGE: Years 74 Months 29 Days 29 hr. min.

9. Birthplace Lewis Co MO  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

12. Name Jacob Blessing

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

14. Maiden name Katherine Burkens

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

16. (a) Informant Roy Blessing

(b) Address Downing MO

17. (a) Burial (b) Date thereof Aug 21 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Coffin Cemetery North Walker

18. (a) Signature of funeral director memphis mo

(b) Address 8-21-46

(c) Tate Lambert (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scott

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

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

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

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 19  
year 1946 hour 3 minute 35 P.M.

21. I hereby certify that I attended the deceased from June 26, 1946, to August 19, 1946,  
that I last saw him alive on August 19, 1946,  
and that death occurred on the date and hour stated above.

Immediate cause of death: Internal Hemorrhage Duration 3 days

Due to Carcinoma of Stomach Months

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Web

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?

(e) Means of injury

23. Signature Harry R. Agnew (M. D. or other) D

Address 100 N. Walnut Date signed 8/21/46

Richsville Mo.

RECEIVED  
District Health Officer No. 10  
District File Number 8-46-147  
Date Filed -- AUG-27-1946

**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 Fred Gerth

Licensed Embalmer No. 4256

P. O. Address Memphis TN

**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.**