

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

COPY
State File No. 36270
Registrar's No. 51

FILED DEC 12 1946

Registration District No.

Primary Registration District No. 5174

1. PLACE OF DEATH:

(a) County Candeur
(b) City or town Montreal Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution R.F.D. #1, Jackson Twp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 years (Specify whether years, months or days)
In this community 20 years

3. (a) PRINT FULL NAME

WILLIAM BLANKENSHIP

3. (b) If veteran,

name war

3. (c) Social Security

No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife J.B. Blankenship 6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased Dec 4 1887 (Month) (Day) (Year)

8. AGE: Years 59 Months 1 Days 17 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Thelma Clark 9
13. Birthplace unknow 1
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Blankenship
15. Birthplace unknow 4
(City, town, or county) (State or foreign country)

16. (a) Informant J.B. Blankenship
(b) Address Montreal, Mo R.F.D. #1

17. (a) Burial (b) Date thereof Nov 24 - 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Freedom

18. (a) Signature of funeral director Blankenship

(b) Address Candeur, Mo

19. (a) Dec. 2 - 1946 (b) Zilpha I. New
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Candeur 15
(c) City or town Montreal Rural 1
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. #1 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 23
year 1946 hour 1 minute A.M.

21. I hereby certify that I attended the deceased from 11-21-46 1946 to 11-23 1946
that I last saw h.c. alive on 11-23 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Arterial Hemorrhage Duration 76

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations none 13A
Of autopsy none

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) (e) Means of injury

23. Signature E.C. Blankenship (M. D. or other) MD
Address Candeur, Mo Date 11-25-46

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

Date Filed 12/1/44
District No. 11-46-3190
Licenses No. 7

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 Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon 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.