

S. No. 2
OM-5-43
v. 5-17-39
I X36671

FILED MAR 14 1947
277

Registration District No. **277**

Primary Registration District No. **5911**

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

1. PLACE OF DEATH:

(a) County Pemiscot
 (b) City or town Bragg City, Mo R. 1
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Richard Foster Blanton
 3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Male 5. Color or race White
 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 October - 5 - 1868
(Month) (Day) (Year)

8. AGE: Years 79 Months 4 Days 18
 If less than one day _____ hr. _____ min.

9. Birthplace: Pontotoc, Mississippi
(City, town, or county) (State or foreign country)

10. Usual occupation: Farming

MOTHER FATHER

11. Industry or business _____
 12. Name Lilbert S. Blanton
 13. Birthplace Alabama
(City, town, or county) (State or foreign country)
 14. Maiden name Anna Hardin
 15. Birthplace Georgia
(City, town, or county) (State or foreign country)

16. (a) Informant J. D. Blanton
 (b) Address Bragg City Mo R. 1

17. (a) Burial (b) Date thereof 2-24-47
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Loyd Cemetery

18. (a) Signature of funeral director Lewis Funeral Home
 (b) Address Campbell, Missouri

19. (a) 2-26-47 (b) Mrs. Jessie Turney
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot R.
 (c) City or town Bragg City, Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. Home of Wafford Blades
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 23
 year 1947 hour 8 minute 12:55 A.M.
 21. I hereby certify that I attended the deceased from Feb 21
 _____ 1947 to Feb 22 1947
 that I last saw him alive on Feb 22 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Duration 1 day

Due to _____
 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? _____

23. Signature Quinton T. ARKIN M. D. or other M.D.
 Address Plenney, Mo. Date signed 2-26-47

3-47-99

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..... *Christina M. Landers*

Licensed Embalmer No. *4227*

P. O. Address..... *Campbell, 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.