

FILED APR 3 1947

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County BENTON  
(b) City or town WARSAW  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: NONE  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community WISC years, months or days

3. (a) PRINT FULL NAME WALKER H. BLANDIN

3. (b) If veteran, name war NO 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race W 6. (a) Single, widowed, married, divorced SINGLE  
6. (b) Name of husband or wife NONE 6. (c) Age of husband or wife if alive 4 years  
7. Birth date of deceased 7 FEB (Month) (Day) (Year) 1858

8. AGE: Years 89 Months 1 Days 27 If less than one day hr. min.

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

10. Usual occupation DRY GOODS MERCHANT

11. Industry or business

12. Name J.A. BLANDIN  
13. Birthplace VERMONT (City, town, or county) (State or foreign country)  
14. Maiden name MILDRED J. JONES  
15. Birthplace ILLINOIS (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ethel Riddle  
(b) Address WARSAW

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APRIL 1-47 (Month) (Day) (Year)  
(c) Place: burial or cremation Smithton Cemetery

18. (a) Signature of funeral director RESER FUNERAL HOME  
(b) Address WARSAW  
19. (a) 3/30/47 (Date received by Registrar) (b) Jas A. Logan (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County BENTON  
(c) City or town WARSAW (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: \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28 year 1947 hour 9 minute 20 P.M.

21. I hereby certify that I attended the deceased from May 1, 1946 to Mar 28, 1947  
that I last saw him alive on Mar 30, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Chronic Duration 10 yrs  
Due to Senile Changes

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) Means of injury \_\_\_\_\_  
23. Signature Jas A. Logan (M. D. or other) 0  
Address Warsaw Date signed 3/29/47

APR 28 1987

RECEIVED  
District Health Officer No. 7  
District File Number 3-47-355  
Date Filed 4-4-87

### 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.....

*John F. Grew*  
4098

Licensed Embalmer No.....

P. O. Address.....

*Warsaw*

**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.**