

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

277176

State File No.

FILED JUL 19 1947

Registration District No.

Primary Registration District No. 4146

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Cooper
(b) City or town Prairie Homes
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 85 years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper 23
(c) City or town Prairie Homes 3
(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 _____

3. (a) PRINT FULL NAME NICKOLAS J. BLANK

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 single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: 3 28 1962
(Month) (Day) (Year)

8. AGE: Years 85 Months 3 Days 4 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name John Blank
13. Birthplace Bermeo 4
(City, town, or county) (State or foreign country)
14. Maiden name Winters
15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. W. T. M... 1

(b) Address Prarie Homes, Mo

17. (a) Removal (b) Date thereof 9-3-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Walnut Grove Cem

18. (a) Signature of funeral director C. Albert Hornbeck

(b) Address Prarie Homes Mo

19. (a) 7-3-47 (b) W. T. M...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29 year 1947 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from June 29 to July 2 1947
that I last saw him live on July 1 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia Duration 4 days
Cold 3 days

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

Major findings: Of operations _____
Of autopsy 107

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 W. T. Meredith (M. D. or other) MD
Address Prarie Homes Mo signed 7/2/47

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

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 C. Albert Hornbeck
Licensed Embalmer No. 2714
P. O. Address Prairie Home, Ill.

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.