S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 20 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37688

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 947

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

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: O'Reilly VA HOSPITAL 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 mo. 28 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Crawford 28
(c) City or town Bourbon 0
(If outside city or town limits, write "RURAL") 0
(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 ARTHUR BLANTON
3. (b) If veteran, name war WW I
3. (c) Social Security No. Unknown
4. Sex Male 0
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Mrs. Mary Blanton
6. (c) Age of husband or wife if alive 39 years
7. Birth date of deceased 7 (Month) - 14 (Day) - 1888 (Year)

8. AGE: Years 59 Months 3 Days 19 If less than one day br. min.

9. Birthplace Bourbon, Missouri (City, town, or county) 0 (State or foreign country)
10. Usual occupation None
11. Industry or business
FATHER
12. Name Absolom Blanton
13. Birthplace Sullivan, Mo. (City, town, or county) 0 (State or foreign country)
MOTHER
14. Maiden name Ellen Jackson
15. Birthplace Sullivan, Mo. (City, town, or county) 0 (State or foreign country)
16. (a) Informant Clinical Records
(b) Address
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-3-47 (Month) (Day) (Year)
(c) Place: burial or cremation Cuba Mo
18. (a) Signature of funeral director Roman-Scharff Funeral Home
(b) Address Springfield Mo.
19. (a) 11-2-47 (Date received local registrar) (b) W E Hundley MD (Registrar's signature) 111

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 2 year 1947 hour 6:25 minute A. M.
21. I hereby certify that I attended the deceased from 8-5-47, 19, to November 2, 1947; that I last saw him alive on November 2, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Tuberculosis pulmonary, bilateral, extensive	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy Same as above	

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature PAUL L. EISELE (M. D. ~~or other~~)
Address O'Reilly VAH, Springfield, Missouri Date signed

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 L. Dobbin Gorman

Licensed Embalmer No. 3177

P. O. Address Springfield 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.