

No. 2  
-12-45  
5-17-39  
X47070

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

FILED FEB 3 1948

Registration District No. 3 Primary Registration District No. 3003

1. PLACE OF DEATH:

(a) County Barry

(b) City or town Monett 109 Maple  
(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 none  
(Specify whether)

In this community Many Years  
years, months or days

3. (a) PRINT FULL NAME William Marion Blankenship

3. (b) If veteran, name war: \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Mary Blankenship 6. (c) Age of husband or wife if alive deceased

7. Birth date of deceased Feb. 14 1864  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

83 11 10 hr. min.

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

10. Usual occupation Retired

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name William Blankenship 9

13. Birthplace unknown (State or foreign country)

14. Maiden name Mary Thomas

15. Birthplace Benton Co. Arkansas 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Edgar Short

(b) Address Monett, Mo.

17. (a) Burial (b) Date thereof Jan. 27, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calton Cemetery

18. (a) Signature of funeral director Bennett-Wormington

(b) Address Funeral Home, Monett, Mo.

19. (a) 1-27-48 (b) W. M. West 12  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry 5

(c) City or town Monett, Mo. 109 Maple 2  
(If outside city or town limits, write "RURAL")

(d) Street No. 109 Maple 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 Jan day 24  
year 1948 hour 3 minute 50 P.M.

21. I hereby certify that I attended the deceased from Dec 20  
1947, to Jan 24 1948

that I last saw him alive on Jan 25 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction Duration 6 months

Due to \_\_\_\_\_

Due to Hypertension 10 yrs

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy 932

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 Frank R. M.P. (M. D. or other) \_\_\_\_\_

Address Monett Mo Date signed 1-27-48

RECEIVED

District Health Officer No. 6;

District File Number 148-151

Date Filed JAN 29 1948

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 R. Gibson Bennett

Licensed Embalmer No. 4213

P. O. Address Monett, 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.