

Registration District No. 1248

Primary Registration District No. 2000

39
26

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 927 South Douglas Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 Months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 927 South Douglas Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME LESLIE LEE BLANKENSHIP
3. (b) If veteran, name war World War I 3. (c) Social Security No. 485-05-9445

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Edith Blankenship 6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased September 10, 1891
(Month) (Day) (Year)

8. AGE: Years 56 Months 4 Days 13 If less than one day br. min.

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

10. Usual occupation Carpenter
11. Industry or business Construction

12. Name Unknown
13. Birthplace Dade County, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Dade County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Edith Blankenship (wife)
(b) Address 927 South Douglas Avenue
17. (a) Removal (b) Date thereof 1/28/1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bolivar, Missouri

18. (a) Signature of funeral director Alma Lohmeyer Fun'l Home
(b) Address Springfield, Missouri
19. (a) 1-28-48 (b) W. E. Havelley, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 28
year 1948 hour 1 minute 30 A. M.

21. I hereby certify that I attended the deceased from Jan. 27, 1947 to Jan. 28, 1948
that I last saw him alive on Jan. 28, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 10 hrs.
Was called to see this man
Just before midnight—Jan. 27—
found him suffering intensely
Chest and heart pains—had been
since about 4 PM.—He died in
about 1 1/2 hours after I first saw him.

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)
Major findings: Of operations.....
Of autopsy.....

23. Signature J. D. Musick (M. D. or other)
Address Springfield, Missouri Date signed 1, 29, 48

APR 2 1948

APR 8 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 _____

Oliver Jester

Licensed Embalmer No. 4154

P. O. Address Bolivar, 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.