No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 18 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31888

Registration District No. 2 — Primary Registration District No. 5017 — Registrar's No. 278

1. PLACE OF DEATH:

(a) County: Andrew

(b) City or town: Rural Nodaway Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 84 yr

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Andrew

(c) City or town: Rural
(If outside city or town limits, write "RURAL")

(d) Street No.: 4 mi. Northwest Savannah
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME: Maye Oma Blanchard

3. (b) If veteran, name war: —

3. (c) Social Security No.: —

4. Sex: female

5. Color or race: White

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

6. (b) Name of husband or wife: Leland Blanchard

6. (c) Age of husband or wife if alive: 59 years

7. Birth date of deceased: Oct (Month) 23 (Day) 1893 (Year)

8. AGE: Years 54 | Months 11 | Days 16 | If less than one day ..... hr. ..... min.

9. Birthplace: Andrew Co. (City, town, or county) Mo. (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business .....

MOTHER FATHER

12. Name: W. E. Ferguson

13. Birthplace: Delaware Co. (City, town, or county) Ohio (State or foreign country)

14. Maiden name: Mary C. Holland

15. Birthplace: Shelbyville (City, town, or county) Ind. (State or foreign country)

16. (a) Informant: Leland Blanchard

(b) Address: Savannah, Mo.

17. (a) B (Burial, cremation, or removal) (b) Date thereof: 10-10-48 (Month) (Day) (Year)

(c) Place: burial or cremation: Savannah

18. (a) Signature of funeral director: E. C. Brent

(b) Address: Savannah, Mo

19. (a) 10-18-48 (Date received local registrar) (b) Lillian Funk (Registrar's signature)

9-27-48 **MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Oct day 8 year 1948 hour 7 minute 20 P.M.

21. I hereby certify that I attended the deceased from 2-23-46, 19..., to 9-27, 1948; that I last saw her alive on 9-27, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
1. Cerebral Hemorrhage	8 min
2. Hypostatic Pneumonia	1 wk
3. Brights Disease	7 yrs.
Due to: (a) Hypertension	Hyp.
Due to: (b) Brights Disease	7 yrs.
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: B
Of autopsy: B

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) Nature of injury .....

23. Signature: Gilbert B. Kelley M. D. or other

Address: Savannah, Mo. Date signed: 10-9-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 E. C. Breit

Licensed Embalmer No. 2650

P. O. Address Savannah 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.