No. 2
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-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 23 1948

Registration District No. 243

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4364

State File No. 37479

Registrar's No. 32

1. PLACE OF DEATH:
(a) County: Newton
(b) City or town: Stella
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Cardwell Hosp
(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 .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Newton
(c) City or town: Granby
(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: Mary Eliza Blunk
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: Widowed
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: Mar. (Month) 23 (Day) 1857 (Year)

8. AGE: Years 91 Months 7 Days 6 If less than one day ..... hr. ..... min.

9. Birthplace: Paducah (City, town, or county) Kentucky (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business .....

MOTHER
12. Name: Green Pina
13. Birthplace: Unknown (City, town, or county) (State or foreign country)

FATHER
14. Maiden name: Ella Eaton
15. Birthplace: Unknown (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Jess Christy
(b) Address: Granby Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Nov. 5, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Granby Cemetery
18. (a) Signature of funeral director: Emmer-Sherman
(b) Address: Granby Mo
19. (a) 11-15-48 (Date received local registrar) (b) Alpha Dyer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 1 year 1948 hour 7 minute A.M.
21. I hereby certify that I attended the deceased from Oct 30, 1948 to Nov 1, 1948 that I last saw him alive on Oct 31, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Fracture of hip	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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

PHYSICIAN
Underline the cause of death for which the above statements are the medical certification.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): accident
(b) Date of occurrence: 10-30-48
(c) Where did injury occur? Neosho (City or town) Newton (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? ..... (e) Means of injury .....
23. Signature: L. R. Reynolds (M. D. or other) M.D.
Address: Neosho Mo Date signed 11-4-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
Newton Co. Health Unit
District Health Officer No. 1148-419
District File Number 11-22-48
Date Filed

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 G. E. Culver

Licensed Embalmer No. 3584

P. O. Address Cassville, 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.

No. 2B
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I X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Dec

Registration District No. 243 Primary Registration District No. 4364 Registrar's No. 32

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Newton

(b) City or town Stella
(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
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

(d) Street No.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Mary E. Blunk

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased March (Month) 23 (Day) 95 (Year)

8. AGE: Years 91 Months 7 Days If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov
year 1948 hour minute M.

21. I hereby certify that I attended the deceased from
, 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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) accident

(b) Date of occurrence 10-30-48

(c) Where did injury occur? Neosho (City or town) Newton (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Nursing Home (Specify type of place)
While at work? (e) Means of injury Fall

23. Signature J. R. Reynolds (M. D. or other) MD
Address Neosho Mo Date signed 12-3-48

S-37479