

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37673

FILED DEC 13 1948

Registration District No. 270

Primary Registration District No. 4427

Registrar's No. 133

1. PLACE OF DEATH:

(a) County PULASKI
(b) City or town WAYNESVILLE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: WAYNESVILLE GENERAL HOSP.
(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

3. (a) PRINT FULL NAME BLANCHIE GLADYS WILLIAMS

3. (b) If veteran, _____ name war _____
3. (c) Social Security No. _____

4. Sex F. Color or race W
5. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife ROBERT
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased FEB 22 1898
(Month) (Day) (Year)

8. AGE: Years 50 Months 9 Days 8
If less than one day _____ hr. _____ min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business _____

12. Name CASS WESLEY PARKS
13. Birthplace CHRISTIAN CO. MISSOURI
(City, town, or county) (State or foreign country)
14. Maiden name ROSE ANNA HALFELENER
15. Birthplace TEXAS CO. MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant Robert Williams
(b) Address LENOX, MISSOURI

17. (a) BURIAL (b) Date thereof 12/2/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CONCORD CEMETERY

18. (a) Signature of funeral director W. A. Spencer
(b) Address SALEM, MISSOURI

19. (a) 12-7-48 (b) Thelma C. Buckhake
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County DENT
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. NEAR LENOX MISSOURI
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 30
year 1948 hour 7:17 minute P. M.

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

Immediate cause of death Cerebral hemorrhage
Due to hypertension
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 830
Of autopsy _____

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) Months of injury 0

23. Signature Thelma C. Buckhake (M. D. or other) _____
Address Waynesville, Mo Date signed 12/30/48

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

MOTHER FATHER

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 Wm. W. McDonald

Licensed Embalmer No. 3806

P. O. Address Salem, Mass.

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.