

BIRTH NO. _____ REG. DIST. NO. 135 PRIMARY REG. DIST. NO. 5492 Registrar's No. 17

0910

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

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Harrison</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u>		a. STATE <u>MO</u>		b. COUNTY <u>Harrison</u>	
c. LENGTH OF STAY (in this place) <u>46 yrs</u>		d. FULL NAME OF HOSPITAL OR INSTITUTION <u>494 E. Blythdale Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u>		e. TOWN <u>Marion</u>	
3. NAME OF DECEASED				4. DATE OF DEATH			
(Type or Print) <u>Leura Blanche</u>		(First) <u>Blanche</u>		(Middle) <u>Prin</u>		(Last) <u>Prin</u>	
(Month) <u>Oct</u>		(Day) <u>6</u>		(Year) <u>1956</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>sep 30 - 1868</u>	
9. AGE (In years last birthday) <u>88</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Home Help (Aunt)</u>		11. BIRTHPLACE (State or foreign country) <u>Harrison Co</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Daniel H. Taff</u>		13b. MOTHER'S MAIDEN NAME <u>Louisa H. Riley</u>		14. NAME OF HUSBAND OR WIFE <u>Serania Prin - Deceased</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If specify war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Miss Joe Lilly Cainsworth</u>			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u>				<u>10 weekly</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		As for conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) _____	
						DUE TO (c) _____	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		<u>332x</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>1-23</u> , 19 <u>56</u> , to <u>10-6</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>10-1</u> , 19 <u>56</u> , and that death occurred at <u>3:00 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Bethany, Mo.</u>		23c. DATE SIGNED <u>10-8-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-8-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cedar Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>1/2 mi W - Blythdale Mo</u>	
DATE REC'D BY LOCAL REG. <u>Oct 9, 1956</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Bidway Mo</u>			

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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Robert H. Rogers

Licensed Embalmer No. 9576

P. O. Address Ridgeway 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.