

REC'D AUG 18 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

26414

Do not use this space.

1. PLACE OF DEATH

(a) County Oregon Registration District No. 632
(b) Township Oak Grove Primary Registration District No. 5847
(c) City _____ (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

Registered No. 192. PRINT FULL NAME Shelby Eugene Blankenship

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 16, 1938

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
10 20

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alton, Mo.FATHER 13. NAME Graydon Blankenship14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alton, Mo.MOTHER 15. MAIDEN NAME Nora Miller16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Thomasville, Mo.17. INFORMANT (ADDRESS) Graydon Blankenship
Alton, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Norman Cem. DATE 7/1/3919. FUNERAL DIRECTOR (NAME) (ADDRESS) Leo Carr, Thayer, I20. FILED 7-7-1939 George Johnson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 6 - 1939, to July 6th 1939
I last saw July 6 - 1939 alive on July 6 - 1939 Death is said to have occurred on the date stated above, at 1:45 P. M.

The principal cause of death and related causes of importance were as follows:

Enterocolitis
1196

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) W. H. Hull, M. D.

(Address) Manassas, Va.

RECEIVED

District Health Officer No. 5,

District File Number 83926

Date Filed 81039

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.