

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D JUL 12 1940

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

21212
 Do not use this space.

1. PLACE OF DEATH
 (a) County BUCHANAN Registration District No. 85
 (b) Township _____ Primary Registration District No. 1001 Registered No. 611
 (c) City ST. JOSEPH (d) Street No. ST. JOSEPH HOSPITAL 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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Baby Billie Virginia Blanton
 (a) Residence, No. Belwood Kansas St. Belwood, Kansas
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female **4. COLOR OR RACE** white **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 3, 1938
7. AGE YEARS MONTHS DAYS 2 yrs 3 mos 28 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Child
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) Sparks, Kansas

FATHER
13. NAME Joe Blanton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fairbault, Nebraska

MOTHER
15. MAIDEN NAME Anna Thomas
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fanny, Kansas

17. INFORMANT (ADDRESS) Mrs. Blanton, Belwood, Kansas
18. BURIAL, CREMATION, OR REMOVAL home
PLACE SPARKS, KANSAS 6-1 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Raymond Gray, Kansas
20. FILED 6-3 1940 St. Joseph Health Dept Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 1, 1940

22. I HEREBY CERTIFY, That I attended deceased from 5-30, 1940 to 6-1, 1940
 I last saw h. de alive on 6-1, 1940 Death is said to have occurred on the date stated above, at 11:40 a.m.
 The principal cause of death and related causes of importance were as follows:

Stroke
Cerebral edema
Penetrating wound of brain

Other contributory causes of importance:
Struck by pitched horseshoe

Name of operation debridement **Date of** 5-30-40
What test confirmed diagnosis? Aspiration **Was there an autopsy?** No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? acc. **Date of injury** 5-30, 1940
Where did injury occur? Belwood, Kansas
 (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. home

Manner of injury Struck in head by horseshoe
Nature of injury Penetrating wound of brain

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) Paul Ferguson, M. D.
 (Address) St. Joseph, 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.....

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.