

FILED AUG 21 1940
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

25952

State File No. _____

Registration District No. 668

Primary Registration District No. 3032

Registrar's No. 238

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Seedalia
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Bothwell 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)

2. USUAL RESIDENCE OF DECEASED:

(b) State Missouri (b) County Pettis

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

(d) Street No. 1400 Kentucky
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME LAURA C BLANK 452

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

4. Sex Female 5. Color or race W. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife F. William Blank 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Dec. 13 1877
(Month) (Day) (Year)

8. AGE:

| | | | |
|-----------|----------|-----------|----------------------|
| Years | Months | Days | If less than one day |
| <u>62</u> | <u>7</u> | <u>13</u> | hr. _____ min. _____ |

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

10. Usual occupation House Wife

11. Industry or business _____

12. Name John Hausman

13. Birthplace At Charles Iowa
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Fresh

15. Birthplace New York
(City, town, or county) (State or foreign country)

16. (a) Informant W. J. Blank

(b) Address Seedalia

17. (a) Burial (b) Date thereof 7-29-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mem Park

18. (a) Signature of funeral director Medaughlin Bros

(b) Address Seedalia Mo

19. (a) 7-29-40 (b) Mrs. Harry Sneed
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26
year 1940 hour 85 minute _____ M.

21. I hereby certify that I attended the deceased from Jan 1st
1937 to July 26, 1940
that I last saw her alive on July 26, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death cerebral hemorrhage
Stroke

Due to chronic nephritis
and hypertension

Due to _____
Other conditions (include pregnancy within 3 months of death) 31

Major findings: Albumen & casts
and hypertension

Of autopsy No

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: NO

(a) Accident, suicide, or homicide (specify) NO

(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? NO

23. Signature Gard. Bohling (M. D. or other) 1

Address Seedalia Mo Date signed 7-29-40

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

0
4
4

JAN 7 1957

RECEIVED
District Health Officer No. 8
District File Number 8-9-40
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 P. E. Baker

Licensed Embalmer No. 2419

P. O. Address Seaside

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.