Evans

No. 2
-11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29529

FILED SEP 25 1940

Registration District No. 775

Primary Registration District No. 6019

Registrar's No. 58

14

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

1. PLACE OF DEATH:

(a) County St. Francois Big Rivr

(b) City or town Bonne Terre Mo R-1
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether
In this community 90 years 453
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Francois

(c) City or town Bonne Terre
(If outside city or town limits write "RURAL")

(d) Street No. R.F.D #1
(If rural, give location)

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

3. (a) PRINT FULL NAME MARY ANN BLANTON

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife William Blanton

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased Feb. (Month) 20 (Day) 1816 (Year)

8. AGE: Years 124 Months 5 Days 17 If less than one day ..... hr. ..... min.

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

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Joshua Blanton
13. Birthplace (City, town, or county) Tennessee (State or foreign country)

MOTHER
14. Maiden name Bethania Armon
15. Birthplace (City, town, or county) Tennessee (State or foreign country)

16. (a) Informant Luther Blanton
(b) Address Bonne Terre Mo R-1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 9, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Adams Cemetery

18. (a) Signature of funeral director Benham Und Co
(b) Address 313 Benham Bonne Terre Mo

19. (a) Aug 8 1940 (Date received local registrar) (b) N. W. Hawkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 7
year 1940 hour 10 minute 40 P. M.

21. I hereby certify that I attended the deceased from May 20 – 1940 to Aug-7- 1940
that I last saw her alive on Aug-7- 1940
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic myocarditis	unknown
Due to	
Due to unknown	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

93 C

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

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature J. L. Evans (M. D. or other)
Address Bonneterre Mo Date signed 8-2-40

(Licensed Embalmer's Statement on Reverse Side)

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 C. J. Claywell

Licensed Embalmer No. 3706

P. O. Address Bonne Terre 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, above space should be left blank.