

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2764

Registration District No. 390

Primary Registration District No. 5530

Registrar's No. 2

1. PLACE OF DEATH:
(a) County Howard
(b) City or town Rural Franklin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
at home Rural 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 73 yrs.
years, months or days

3. (a) PRINT FULL NAME Horace Franklin Blankenbaker
3. (b) If veteran, name war _____
3. (c) Social Security No. None

4. Sex male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (c) Age of husband or wife if alive dead years
7. Birth date of deceased Oct 23 - 1867
(Month) (Day) (Year)

8. AGE: Years 73 Months 2 Days 20
If less than one day _____ hr. _____ min.

9. Birthplace Howard Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business own farm

MOTHER FATHER
12. Name Frank Blankenbaker
13. Birthplace Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Lizabith Kengskusa
15. Birthplace Howard Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature H. F. Blankenbaker
(b) Address Franklin, Mo. R. 7 B. 1

17. (a) Burial (b) Date thereof 1-15-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Alpha Chapel

18. (a) Signature of funeral director C. S. Newcom
(b) Address New Franklin, Mo.

19. (a) 1-15-1941 (b) Clara H. Landrum
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Howard
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Franklin Township R. 7 B. 1
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 13th
year 1941 hour 5 AM minute 5 A. M.
21. I hereby certify that I attended the deceased from Jan 26
1937 to Jan 13, 1941;
that I last saw him alive on Jan 13, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion
Due to Arteriosclerosis
Duration 1 day

Other conditions aff
(Include pregnancy within 3 months of death)

Major findings: Of operations none
Of autopsy none
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? at home
(Specify type of place) _____
(e) Means of injury _____
23. Signature H. Chamberlani (M. D. or other) _____
Address New Franklin Mo Date signed 1-15-41

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.

RECEIVED
District Health Officer No. 8,
District File Number
17-8-6
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..... *L. L. Lee*.....
Licensed Embalmer No. *3515*
P. O. Address..... *New Franklin, N*.....

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.