

FILED APR 15 1941

Registration District No. _____

Primary Registration District No. 1001

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

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri Methodist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days
In this community 6 months
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 1322 South 6th
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Joseph Cyrus Blanton

3. (b) If veteran, name war no 3. (c) Social Security no 509-18-1330

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased October 10, 1921
(Month) (Day) (Year)

8. AGE: Years 19 Months 5 Days 19 If less than one day hr. _____ min. _____

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

10. Usual occupation Common Labor

11. Industry or business various

12. Name Joseph Clinton Blanton

13. Birthplace Fairbury, Nebr.
(City, town, or county) (State or foreign country)

14. Maiden name Anna Thomas

15. Birthplace Fanning, Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph C Blanton
(b) Address 1322 So 6 St Joseph, Mo

17. (a) removal (b) Date thereof 3-28-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wathena, Kans.

18. (a) Signature of funeral director Wathena, Kansas
(b) Address Wathena, Kansas

19. (a) 3-31-1941 (b) W D Nestlebusch
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month March day 29th
year 1941 hour 5 minute 50 A.M.

21. I hereby certify that I attended the deceased from March 25 1941 to March 29 1941
that I last saw him alive on March 28 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Hepatitis - chronic

Duration 8 1/2

Due to _____

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy _____

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? _____

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

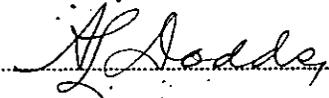
23. Signature W D Nestlebusch (M. D. or other) W. D.

Address 301 1/2 S 13th St Date signed 3-31-41

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.....
..... by me, Registered Apprentice No.....
working under my personal supervision.

Signed.....


Licensed Embalmer No. 3023

P. O. Address Wathena, Kansas.

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.