

S. No. 2
4-13-40
5-17-39
X23159

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11014

FILED APR 15 1941

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. _____

49
32
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:
1116 Jackson Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 15 Years / (Specify whether _____ years, months or days)

3. (a) PRINT FULL NAME Ida Blankenship

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 / Married

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

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Oct. 12, 1870
(Month) (Day) (Year)

8. AGE: Years 70 Months 5 Days 14 If less than one day hr. _____ min. _____

9. Birthplace Cleveland, Tennessee /
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Lafayette McNabb

13. Birthplace No Record / (City, town, or county) (State or foreign country)

14. Maiden name Love

15. Birthplace No Record / (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Minnie B. Phillips

(b) Address Joplin, Missouri

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

(c) Place: burial or cremation Forest Park

18. (a) Signature of funeral director Thornhill-Dillon

(b) Address Joplin, Missouri

19. (a) 3-28-41 (b) Ed D. James
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 49

(a) State Missouri (b) County Jasper 49

(c) City or town Joplin 5
(If outside city or town limits, write "RURAL")

(d) Street No. 1116 Jackson Ave.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 26th
year 1941 hour 2:40 minute PM M. _____

21. I hereby certify that I attended the deceased from August 1935, 19____, to Mar 26, 1941;

that I last saw her alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Infra-Peritoneal Hemorrhage Duration 40 minutes

Due to Cancer of the Uterus with metastasis. 6 yrs.

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? 379!

While at work _____ (Specify type of place) (Means of injury) 1)

23. Signature Ed D. James (or other) D.D.
Address Joplin, Mo. Date signed 3-27-41

OCT - 4 1945

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..... *Don Petrick*.....

Licensed Embalmer No. *4008*

P. O. Address..... *Joplin, 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, fact should be so stated above.