

FILED AUG 27 1941
632

Registration District No. _____

Primary Registration District No. 5847

1. PLACE OF DEATH:

(a) County Oregon
(b) City or town Rural Oak Grove Twp.
(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 _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon
(c) City or town Rural Oak Grove Twp.
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Mary C. 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 Widowed
6. (b) Name of husband or wife Manual Blankenship
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 20 1853
(Month) (Day) (Year)

8. AGE: Years 88 Months -- Days 6
If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Grison

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

14. Maiden name Unknown

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

16. (a) Informant Jess Blankenship

(b) Address Alton, Mo. Route 3

17. (a) Burial (b) Date thereof 6/28/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Norman Cem.

18. (a) Signature of funeral director Leo Carr

(b) Address Thayer, Mo.

19. (a) July 7 - 1941 (b) Lois E. Johnson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26
year 1941 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from June 23, 1941, to June 26, 1941.
that I last saw her alive on June 26, 1941.
and that death occurred on the date and hour stated above.

Immediate cause of death General Hypertensive Heart Disease
General Atherosclerosis
Senility

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

Major findings: _____
Of operations _____
Of autopsy _____

Duration _____
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 [Signature] (M. D. or other) [Signature]
Address [Signature] Date signed 7-7-41

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

75
0
0

RECEIVED

District Health Officer No. 5,

District File Number.

8411854

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.....

Licensed Embalmer No.....

P. O. Address.....

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.