

FILED APR 2 1942

Registration District No. \_\_\_\_\_

Primary Registration District No. 10007

Registrar's No. 277

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:  
6011 Lookout  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 1/2 mo (Specify whether years, months or days)

In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 011

(c) City or town St Joseph ?  
(If outside city or town limits, write "RURAL")

(d) Street No. 6011 Lookout  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Sharie Lynn Blanchard

3. (b) If veteran, name war. No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 14  
year 1942 hour 9 minute 50 A.M.

21. I hereby certify that I attended the deceased from July 3 1941 to March 8 1942  
that I last saw her alive on Feb 2 1942  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife. none

6. (c) Age of husband or wife if alive \_\_\_\_\_ years (Day) (Year)

7. Birth date of deceased. June 27 1941  
(Month) (Day) (Year)

Immediate cause of death  
Hydrocephalus congenital

Due to \_\_\_\_\_

Due to \_\_\_\_\_

8. AGE: Years Months Days If less than one day

0 8 17 hr. min.

Other conditions Spina Bifida Congenital 8 mo - 17 days

Major findings: Of operations \_\_\_\_\_

Of autopsy 157a

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

9. Birthplace St Joseph Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Baby

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Mairitte E Blanchard

13. Birthplace St Joseph Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Clella L. Whitlow

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

16. (a) Informant Merritte E Blanchard

(b) Address St Joseph Mo.

17. (a) Burial (b) Date thereof Mar. 16 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park, St Joseph

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? \_\_\_\_\_

18. (a) Signature of funeral director Fleeman & Son Inc

(b) Address St Joseph Mo.

19. (a) 3-16-1942 (b) H. J. Mathews  
(Date received local registrar) (Registrar's signature)

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

23. Signature M. Roger Moore (M. D. or other) MD

Address St Joseph Mo Date signed 3/16/42

*Zimmerman*

000-00

**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 me  
3-14-42, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Geo E Daniel

Licensed Embalmer No. 3300

P. O. Address St Joseph 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.**