

Registration District No. 128 Primary Registration District No. 2000

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

1. PLACE OF DEATH:
 (a) County GREENE
 (b) City or town SPRINGFIELD MO.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1431 SHERMAN / AVE.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO. (b) County GREENE
 (c) City or town SPRINGFIELD
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1431 SHERMAN AVE.
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country..... 0

3. (a) PRINT FULL NAME WILLIAM ANDY BLANKENSHIP
 (b) If veteran, name war NONE (c) Social Security No. NONE

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month DEC. day 16th
 year 1943 hour 3 minute 45 P.M.

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced, WIDOWER
 7. Birth date of deceased MARCH 18 1856
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 11-15-1943 to 12-16-1943
 that I last saw her alive on 12-17-1943
 and that death occurred on the date and hour stated above.

8. AGE: Years 87 Months 8 Days 28 If less than one day
 hr. min.

Immediate cause of death Bronchial pneumonia
 Duration 3 days

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

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

10. Usual occupation Retired farmer
 11. Industry or business Farming

Major findings:
 Of operations..... 107
 Of autopsy.....
 Underline the cause to which death should be charged statistically.

MOTHER FATHER
 12. Name Huston Blankenship
 13. Birthplace Clark TENN.
 (City, town, or county) (State or foreign country)
 14. Maiden name SARA CARPENTER
 15. Birthplace Clark TENN.
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nell Moss
 (b) Address SPRINGFIELD MO.

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.....

17. (a) Burial (b) Date thereof Dec-19-1943
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Robberson Home

18. (a) Signature of funeral director J. W. Klingner & Co.
 (b) Address SPRINGFIELD MO.

23. Signature C. E. Feller (M. D. or other)
 Address Springfield Mo. Date signed 12/17/43

19. (a) 12-18-43 (b) S. W. Hankins
 (Date received local registrar) (Registrar's signature)

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..... *J. B. Klingner*
Licensed Embalmer No. *3358*
P. O. Address..... *Springfield, 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.

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