

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

FILED JAN 12 1945  
Registration District No. 71

State File No. ....

Primary Registration District No. 3012 4129

Registrar's No. 178

1. PLACE OF DEATH:

(a) County Clay

(b) City or town Mosby  
(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) 1

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days)

In this community 11 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Clay

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

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME William Edward Blankenship

3. (b) If veteran, name war no

3. (c) Social Security No. \_\_\_\_\_

4. Sex M 0 5. Color or race W

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

6. (b) Name of husband or wife Purdy

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

7. Birth date of deceased May 3 1871  
(Month) (Day) (Year)

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

73 7 25 hr. min.

9. Birthplace Macon County, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

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

12. Name John Blankenship

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

14. Maiden name Elizabeth Teeter

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

16. (a) Informant Mrs. Purdy Blankenship

(b) Address Mosby, Mo

17. (a) Removal (b) Date thereof 12-29-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bevier, Mo

18. (a) Signature of funeral director Charles Gehring

(b) Address Excelsior Springs, Mo

19. (a) 12-29-44 (b) Mrs. Edna Pluman  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 28  
year 1944 hour 5 minute AM

21. I hereby certify that I attended the deceased from Nov 28 1944 to Dec 28 1944

that I last saw him alive on Dec 27 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Duration 11/3/44

Due to hypertension & atherosclerosis

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

Other conditions (Include pregnancy within 3 months of death) 83a

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) 0

(b) Date of occurrence 0

(c) Where did injury occur? 0  
(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) Manner of injury \_\_\_\_\_

23. Signature J. M. Brader (M. D. or other) M.D.  
Address Excelsior Springs, Mo Date signed 10/29/44

RECEIVED

District Health Officer No. &

District File Number

Date Filed 1-9-75

**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 Claudio Richard

Licensed Embalmer No. 2757

P.O. Address Excelsior Springs

**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.**