

No. 300
1-10-47
5-17-39
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MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **25889**

FILED SEP 9 1948
Registration District No. **188**

Primary Registration District No. **4479 5423**
Registrar's No. **20**

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

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Senath Rt 1
(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 years, months or days) 25 years

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

3. (a) PRINT FULL NAME Sarah Francis Blankenship

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Deceased

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

7. Birth date of deceased October 7 1856
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>91</u>	<u>10</u>	<u>8</u>	hr. _____ min. _____

9. Birthplace Henderson Co. Tenn. 1
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business Own home

12. Name John Duke

13. Birthplace Unknown Tenn. 1
(City, town, or county) (State or foreign country)

14. Maiden name Sulla Ann Southerland

15. Birthplace Unknown Tenn. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Bernice Lane

(b) Address Senath, Mo. Rt 1

17. (a) Burial (b) Date thereof 8-13-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MCGREW CEMETERY, Senath, Mo.

18. (a) Signature of funeral director H. H. Howard

(b) Address Leachville, Ark.

19. (a) 9-2-1948 (b) Wm J. H. Lanes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Dunklin

(c) City or town Senath Route 1
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month August day 10 year 1948 hour 3 minute P.M.

21. I hereby certify that I attended the deceased from Aug 6, 1948, to August 10, 1948, that I last saw her alive on August 10, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Hemiplegia

Duration 10 days

Due to _____

Due to _____

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

Major findings: 838

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? _____

(Specify type of place)

While at work? _____ (c) Means of injury _____

23. Signature Robert G. Martin (M. D. number) _____

Address Senath, Mo. Date signed 8-19-48

RECEIVED

District Health Office No. 2

District File Number 948-1116

Date Filed 9-7-48

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 H. W. Howard

Licensed Embalmer No. 3959

P. O. Address Fayetteville, Ark.

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.