

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1418

**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:  
3115 North 10th, Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 27 years years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Missouri (b) County Buchanan  
(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3115 North 10th, Street  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Lucretia Cline  
(b) If veteran, name war No  
(c) Social Security No. None

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month Dec. day 25th  
year 1948 hour 9 minute 33 a. M.

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Robert  
6. (c) Age of husband or wife if alive -- years  
7. Birth date of deceased June 1872  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 24, 1948, to 12-24, 1948  
that I last saw her alive on 12-24, 1948,  
and that death occurred on the date and hour stated above.

**8. AGE:** Years 76 Months 6 Days 5  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death Coronary Arteriosclerosis  
Due to Arteriosclerosis  
Due to Arteriosclerosis  
Heart Disease

9. Birthplace Buchanan County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business ---

Other conditions (Include pregnancy within 3 months of death)

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

**MOTHER FATHER**  
12. Name Thomas Blankenship  
13. Birthplace unk Ky.  
(City, town, or county) (State or foreign country)  
14. Maiden name Martha Ward  
15. Birthplace unk Ky.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Laura Wilson

(b) Address 3115 No. 10th - St. Joseph, Mo.

17. (a) Removal (b) Date thereof 12-28-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dearborn, Mo.

18. (a) Signature of funeral director Stanley Thomas Home

(b) Address St. Joseph, Missouri

19. (a) 1-5-49 (b) W. L. Jenkins  
(Date received local registrar) (Registrar's signature)

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) (c) Means of injury \_\_\_\_\_

23. Signature Clyton Ruth (M. D. or other) \_\_\_\_\_

Address 218 N. 7th St. St. Joseph, Mo. Date signed 12-27-48

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

**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.....

Charles E. Bennett

Registered Apprentice No. 284

working under my personal supervision.

Signed *Charles M. Harman*

Licensed Embalmer No. 4487

P. O. Address St. Joseph

**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.**