S. No. 2
—9-4-41
—17-39
—X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 20 1942

MISSOURI STATE BOARD OF HEALTH div. Jackson
STANDARD CERTIFICATE OF DEATH

State File No. 10070

Registration District No. 7 | Primary Registration District No. 5051 | Registrar's No. 5

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

500

1. PLACE OF DEATH:
(a) County: Barry
(b) City or town: Shell Knob Twp
(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: 1 (Specify whether
In this community: 78 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED: 005
(a) State: (b) County: 0
(c) City or town: 0 (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country: n

3. (a) PRINT FULL NAME: William F. Blankenship
3. (b) If veteran, name war: No
3. (c) Social Security No.: no
4. Sex: Male
5. Color or race: White
6. (a) ~~Single, widowed,~~ married, divorced: Married
6. (b) Name of husband or wife: Maggie
6. (c) ~~Age of husband or wife if~~ alive: 67 years
7. Birth date of deceased: Jan (Month) 30 (Day) 1864 (Year)

8. AGE: Years	Months	Days	If less than one day
78	2	14	hr. min.

9. Birthplace: Barry Co (City, town, or county) Mo (State or foreign country) n
10. Usual occupation: Retired farmer.
11. Industry or business: Farming
FATHER
12. Name: Johnathan Blankenship
13. Birthplace: (City, town, or county) Va (State or foreign country)
MOTHER
14. Maiden name: Wilhemina Nunnery
15. Birthplace: Unknown (City, town, or county) Va (State or foreign country)
16. (a) Informant: Mrs Maggie Blankenship
(b) Address: Shell Knob, Mo
17. (a) Buried (Burial, cremation, or removal) (b) Date thereof: 4-5-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Blankenship Cemetery
18. (a) Signature of funeral director: [illegible]
(b) Address: Cassville, Mo
19. (a) 4/7/42 (Date received local registrar) (b) Ed Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: April day: 4 year: 1942 hour: 6 minute: 45 P.M.
21. I hereby certify that I attended the deceased from April 2, 1942, to April 4, 1942, that I last saw him alive on April 2, 1942, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremia	1 wk
Due to: Multiple sclerosis	3 yrs
Due to:	
Other conditions: old age (Include pregnancy within 3 months of death)	

James L. Jackson — PHYSICIAN

Major findings:
Of operations:
Of autopsy:

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) 0
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: (M. D. or other)
Address: Date signed:

1-74 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 442-514
Date Filed APR 14 1942

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 John E Myers

Licensed Embalmer No. 3220

P. O. Address Caseville, Mi

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.

V. S. No. 2B
0M—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10070

Registration District No. 31 Primary Registration District No. 5051 Registrar's No. 3

1. PLACE OF DEATH:
(a) County: Barry
(b) City or town: Rural
(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)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Barry
(c) City or town: (rural) Shell Knob
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: William F. Blankenship
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: M
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: Jan (Month) 30 (Day) 1864 (Year)
8. AGE: Years 78 Months 2 Days (8) If less than one day hr. min.
9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) 4/7/42 (Date received local registrar) (b) Nel Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr 1 day 4 year 1942 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
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.

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)
(b) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY