

26592

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED SEP 10 1942

Registration District No. 19

Primary Registration District No. 3003

Registrar's No. 58

1. PLACE OF DEATH:

(a) County Barry
 (b) City or town Monett, MO.
 (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 10 months (Specify whether years, months or days)

3. (a) PRINT FULL NAME Jacob Elmer Blankenship
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Fannie Blankenship 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased May 17 1857
 (Month) (Day) (Year)

8. AGE: Years 85 Months 3 Days 10 If less than one day _____ hr. _____ min.

9. Birthplace Barry Co. - MO
 (City, town, or county) (State or foreign country)

10. Usual occupation Miller Farmer

11. Industry or business Retired

MOTHER FATHER
 { 12. Name Jackson Blair Blanksip
 { 13. Birthplace Jennett
 { 14. Maiden name Martha Harrison
 { 15. Birthplace Jennett
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature L. H. Blankenship
 (b) Address Monett, MO.

17. (a) Burial (b) Date thereof Aug. 28-42
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Coraillon Cemetery

18. (a) Signature of funeral director L. H. Blankenship
 (b) Address Monett, MO.

19. (a) 8-24-42 (b) Wm Geo Harman Jr
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Barry
 (c) City or town Jurdy, MO.
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A. 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug, day 26-1942, year 1942 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from Oct 15, 1942 to Aug 26, 1942 that I last saw him alive on Aug 26, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Arteriosclerosis Duration _____
 Due to Hyper trophy of Prostate and Prostatic Hypertrophy
 Due to Arteriosclerosis

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

Major findings: Of operations 1216
 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? _____

While at work? Yes (Specify type of place) (e) Means of injury _____

23. Signature L. H. Blankenship (M. D. or other) MD
 Address Monett, MO. Date signed Aug 25 42

1070

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39
I 119511

RECEIVED

District Health Officer No. 6,

District File Number 942-1314

Date Filed SEP 8 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 G. H. Blansenship

Licensed Embalmer No. 2397

P. O. Address Monett, 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, above space should be left blank.