

S. No. 2
OM-2-43
v. 5-17-39
I X33997

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5744

FILED MAR 9 1945

State File No. _____

Registration District No. 29

Primary Registration District No. 3010

Registrar's No. 38

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

1. PLACE OF DEATH:

(a) County. CAPE GIRARDEAU

(b) City or town. CAPE GIRARDEAU
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ST. FRANCIS
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 2 DAYS
(Specify whether)

In this community. To you
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State. Mo (b) County. CAPE GIRARDEAU

(c) City or town. CAPE GIRARDEAU
(If outside city or town limits, write "RURAL")

(d) Street No. 834 N SPANISH
(If rural, give location)

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

If yes, name country. 0

3. (a) PRINT FULL NAME. CHARLES BLANCKET

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 31
year 45 hour 11 minute 55 a. M.

21. I hereby certify that I attended the deceased from 1-20 1945 to 1-31 1945
that I last saw him alive on 1-31 1945
and that death occurred on the date and hour stated above.

4. Sex M (5. Color or race. W) 6. (a) Single, widowed, married. divorced Married!

6. (b) Name of husband or wife. LILLY 6. (c) Age of husband or wife if alive. 75 years

7. Birth date of deceased. Aug 2 1865
(Month) (Day) (Year)

Immediate cause of death. PRO. CARDITIS Rch

Due to _____

Due to _____

8. AGE: Years 79 Months 5 Days 29 If less than one day hr. min.

Other conditions. NEPHRITIS Rch

Major findings: Of operations. 131 Rch

Of autopsy _____

9. Birthplace. ROCK ISLAND ILL I
(City, town, or county) (State or foreign country)

10. Usual occupation. PILOT - RIVER WORK

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

MOTHER FATHER { 12. Name. FRANK BLANCKET

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

14. Maiden name. MARY HAMPTON
(City, town, or county) (State or foreign country)

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

16. (a) Informant. MRS LILLY BLANCKET

(b) Address. 834 N. SPANISH - CITY

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? _____

17. (a) BURIAL (b) Date thereof. FEB 1 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. LORIMER

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

23. Signature. [Signature] (M. D. or other) [Signature]

Address. Cape Girardeau Date signed. 2/3/45

18. (a) Signature of funeral director. [Signature]

(b) Address. Cape Girardeau Mo.

19. (a) 2-6-45 (b) [Signature]
(Date received local registrar) (Registrar's signature)

101X

(Licensed Embalmer's Statement on Reverse Side)

no

RECEIVED

District Health Officer No. 4
District File Number 345-309
Date Filed 3-6-45

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 Paul Hackney.....

Licensed Embalmer No. 3598.....

P. O. Address Cape Girardeau.....

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.