

S. No. 2  
DM-543  
v. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 26814

FILED SEP 10 1946

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 711

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

1. PLACE OF DEATH:

(a) County... Greene

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

(c) Name of hospital or institution:  
757 E. Elm St.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....  
(Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene **TANEY 106**

(c) City or town... Walnut Shade  
(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.....

3. (a) PRINT FULL NAME C.C. (Pete) Blansit

3. (b) If veteran, name war No.

3. (c) Social Security No. No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 27  
year 1946 hour 2 minute 15 M.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife UNK.

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

7. Birth date of deceased: April 16, 1855  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 27, 1946 to Aug 27, 1946  
that I last saw her alive on Aug 18, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Sen. Stenosis

Duration 3 pro

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	<u>91</u>	<u>4</u>	<u>11</u>	hr. min.

Due to urinary retention

Due to enlarged prostate

Other conditions fall - fracture hip  
(Include pregnancy within 3 months of death)

9. Birthplace Valley Head Alabama  
(City, town, or county) (State or foreign country)

10. Usual occupation Stockman

Major findings:  
Of operations.....

Of autopsy.....

137A

PHYSICIAN  
Underline the cause to which death should be charged statistically.

11. Industry or business

MOTHER FATHER { 12. Name C.C. Blansit

13. Birthplace Valley Head Alabama  
(City, town, or county) (State or foreign country)

14. Maiden name E. Jane Lee

15. Birthplace Valley Head Alabama  
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident **N33**

(b) Date of occurrence April 27, 1946

(c) Where did injury occur? Home  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, or a public place?  
Home - Fracture hip  
(Specify type of place) (e) Means of injury Fall

While at work? no

23. Signature A. J. Freeman (M. D. or other)  
Address Springfield, Mo. Date signed 8/27/46

16. (a) Informant P.T. Tiller

(b) Address 757 E. Elm St., SPED. Mo.

17. (a) Burial (b) Date thereof 8-30-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Walnut Shade Cem

18. (a) Signature of funeral director W. Klingner & Co.

(b) Address SPED. Mo.

19. (a) 8-29-46 (b) W. S. Handley  
(Date received local registrar) (Registrar's signature)

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**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..... *Egl Stone Jr.*.....  
Licensed Embalmer No. *4126*.....  
P. O. Address *Springfield*.....

**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.

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