No. 2
1-4-41

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 20 1942

Registration District No. 1 1 8

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

11336

State File No.

Primary Registration District No. 6023

Registrar's No. 24

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

1. PLACE OF DEATH
(a) County St Francois
(b) City or town Bies Runn
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rendleton Twp
(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: 94
(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL") O
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country O

3. (a) PRINT FULL NAME Cynthia Ann Blankenship
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F | 5. Color or race W. | 6. (a) Single, widowed, married, divorced W

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

7. Birth date of deceased March 22nd 1881 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
60	11	29	hr. min.

9. Birthplace Mo (City, town, or county) (State or foreign country)
10. Usual occupation Hous wife
11. Industry or business

FATHER
12. Name Wm Depew
13. Birthplace Mo (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Eliza A Burnett
15. Birthplace England (City, town, or county) (State or foreign country)

16. (a) Informant J. L. Blankenship
(b) Address Bies Run Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-23-42 (Month) (Day) (Year)
(c) Place: burial or cremation U.U. of Cemetery

18. (a) Signature of funeral director Caldwell Bros
(b) Address Flat River Mo

19. (a) 3-23-42 (Date received local registrar) (b) Byrdie S. Burkmeister (Registrar's signature)

1176 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21st
year 1942 hour x minute a.m.

21. I hereby certify that I attended the deceased from Dec 2, 1942 to March 21 1942
that I last saw her alive on March x 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Extreme Dropsy — Duration 6 mo.
Due to Endo-carditis & myocarditis & Chronic nephritis
Due to
Other conditions (Include pregnancy within 3 months of death) 12 1 h

Major findings:
Of operations
Of autopsy None

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

23. Signature L. M. Stanfield (M. D. or other) MD
Address Horrenton Mo Date signed 3/23/42

RECEIVED

District Health Officer No. 4

District File Number 442 - 423

Date Filed 4 - 10 - 42

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

U. S. No. 2B
0M—8-21-41
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. 11836

Registration District No. 773 Primary Registration District No. 6023 Registrar's No.

1. PLACE OF DEATH

(a) County St Francois

(b) City or town Doe Run
(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 St Francois

(c) City or town Doe Run
(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 Cynthia Ann Blankenship

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Mch 27 1884
(Month) (Day) (Year)

8. AGE: Years 60 Months 11 Days 29 If less than one day hr. min.

9. Birthplace (City, town, or county) Mo (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) (Date received local registrar) (b) (Registrar's signature)

SUPPLEMENTARY

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mch day 27 year 1942 hour 4 minute a. 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	
Extreme dropsy	6 mos
Due to Cardiovascular & Nyocardial & Chr. nephritis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	1 3 days
Major findings: Of operations 1318	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature (M. D. or other)

Address Date signed 8 20

11836