

County-Cleveland  
 Town--Norman  
 Central Okla. State Hosp.  
 13 days

County-Pottawatomie

Darrell Elijah Blanton

DOD-Sept. 13, 1945 7:25 a.m.

18  
 248  
 State File No. \_\_\_\_\_  
 Registrar's No. 257

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS  
 STANDARD CERTIFICATE OF DEATH  
 State of Oklahoma 14-93544

1. PLACE OF DEATH: Cleveland  
 (a) County Cleveland  
 (b) City or town Norman  
 (c) Name of hospital or institution: Central Okla. State Hosp.  
 (d) Length of stay: In hospital or institution 13 days  
 in this community 13 days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Oklahoma (b) County Pottawatomie  
 (c) City or town Shawnee  
 (d) Street No. \_\_\_\_\_  
 (e) Citizen of foreign country? No

3(a) FULL NAME Darrell Elijah Blanton  
 3(b) If veteran, name war \_\_\_\_\_ 3(c) Social Security No. 4-3

4. Sex M 5. Color or race W 6(a) Single, widowed, married, divorced \_\_\_\_\_  
 6(b) Name of husband or wife \_\_\_\_\_ 6(c) Age of husband or wife, if alive \_\_\_\_\_

7. Birth date of deceased July 6 1908  
 (Month) (Day) (Year)

AGE:				If less than one day	
Years	Months	Days	hr.	min.	
<u>37</u>	<u>2</u>	<u>7</u>			

8. Birthplace Waurika Oklahoma  
 (City, town, or country) (State or foreign country)

9. Usual occupation \_\_\_\_\_  
 10. Industry or business \_\_\_\_\_

11. Name \_\_\_\_\_  
 12. Birthplace \_\_\_\_\_  
 13. Birthplace \_\_\_\_\_  
 14. Maiden name \_\_\_\_\_  
 15. Birthplace \_\_\_\_\_

16. (a) Informant's own signature Hospital Record  
 (b) Address Norman, Oklahoma

17. (a) Removal (b) Date thereof 9-13-45  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place; burial or cremation Shawnee, Oklahoma  
 Was body embalmed? Yes No  
 Signature of embalmer E. E. Elliott

18. (a) Signature of funeral director Deskins  
 (b) Address Norman, Okla.  
 (a) 9-13-45 (b) Edna Johnson  
 (Date received local registrar) (Registrar's signature)

19. MEDICAL CERTIFICATION  
 20. Date of death: Month Sept day 13 year 1945 hour 7:25 minute AM  
 21. I hereby certify that I attended the deceased from August 20 45 to Sept 13 45 that I last saw him alive on Sept 13 1945 and that death occurred on the date and hour stated above.  
 Immediate cause of death: Multiple hemorrhages  
 Due to Hepatic Cirrhosis  
 Due to 1948  
 Other conditions: Toxic Psychosis  
 Major findings: Of operations \_\_\_\_\_ Of autopsy None

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? \_\_\_\_\_  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? No  
 (e) Means of injury \_\_\_\_\_  
 23. Signature J. P. [unclear] (M.D. or other) \_\_\_\_\_  
 Address Norman, Okla. Date signed 9/13/45