

FILED AUG 14 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

24394

State File No.

Registrar's No.

3004

R. District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
General Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 1 hour
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
 (c) City or town Kansas City
(If outside city or town limits, write "RURAL")
 (d) Street No. 7903 Wilson Road
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ day 7-18-40
 year _____ hour _____ minute _____ M.
 21. I hereby certify that I attended the deceased from _____
 to _____, 19____;
 that I last saw the deceased _____
 and that death occurred on the date and hour stated above.
 Immediate cause of death _____

Physician's Signature
 Duration _____

Due to Psychic poisoning
 Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)
 Major findings:
 Of operations _____
 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 suicide
 (b) Date of occurrence 7-18-40
 (c) Where did injury occur? K.C. Mo.
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
361

While at work? _____
(Specify type of place)
 (e) Means of injury _____
 23. Signature Arthur W. Hatcher (M. D. or other) _____
 Address K.C. Mo. Date signed _____

3. (a) PRINT FULL NAME Henry Franklin Blake 470

3. (b) If veteran, name war XXXXXX 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ruby Blake 6. (c) Age of husband or wife if alive 32 40 years

7. Birth date of deceased: April 29 1904
(Month) (Day) (Year)

8. AGE: Years 36 Months 2 Days 29 If less than one day _____ hr. _____ min.

9. Birthplace No Record Washburn Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation W.P.A. Worker

11. Industry or business Common Laborer

12. Name William Allison Franklin Blake

13. Birthplace No Record
(City, town, or county) (State or foreign country)

14. Maiden name Ida Turner

15. Birthplace No Record
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ruby Blake

(b) Address 7903 Wilson Road, K.C. Mo.

17. (a) Burial (b) Date thereof July 31, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Joseph's Mo.

18. (a) Signature of funeral director Sheil Funeral Home

(b) Address 6606 Independence Ave. K.C. Mo.

19. (a) July 29, 1940 (b) _____
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

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

JOE B. Yoder Registered Apprentice No. 233
working under my personal supervision.

Signed

J. B. Yoder
Licensed Embalmer No. #3625

P. O. Address K. C. 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, fact should be so stated above.