No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
NOV 12 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34561

Registration District No. ..... Primary Registration District No. ..... Registrar's No. 4077

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

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: no - 714 Winchester
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no (Specify whether
In this community 13 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson
(c) City or town Kansas City Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 714 Winchester
(If rural, give location)
(e) If foreign born, how long in U. S. A.? no years.

3. (a) PRINT FULL NAME CHARLES BLANCHARD
3. (b) If veteran, name war no
(c) Social Security No. SS-496-16-5973 no

4. Sex M.
5. Color or race Wh.
6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife May Perkins
6. (c) Age of husband or wife if alive N. R. years
7. Birth date of deceased 7-25-1888 (Month) (Day) (Year)

8. AGE: Years 52 Months 2 Days 27 If less than one day ..... hr. ..... min.

9. Birthplace (City, town, or county) Iona (State or foreign country)
10. Usual occupation Laborer
11. Industry or business no
MOTHER FATHER
12. Name Levi Blanchard
13. Birthplace no record (City, town, or county) (State or foreign country)
14. Maiden name no record
15. Birthplace no record (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. M. Meaden Hall
(b) Address 923 Haines
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-24-40 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park
18. (a) Signature of funeral director John P. Shiel
(b) Address 6606 Independence
19. (a) 10-24-40 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ..... day 10-22-40
year ..... hour ..... minute 9:45 A.M.
21. I hereby certify that I attended the deceased from ..... 19..., to ..... 19...;
that I last saw alive on ..... 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute pulmonary edema
Due to Hypertrophy of the heart
Due to Chronic aortic valvulitis
Other conditions (Include pregnancy within 3 months of death) 92th
Rheumatic heart disease
Major findings:
Of operations
Of autopsy yes

Duration

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? (Means of injury)
23. Signature Victor W. Buhler (M. D. or other)
Address K. C. Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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. Neil

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 wi the above constitutes grounds for revocation of license.)

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