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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 17 1941

Registration District No. 400

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 555313

State File No. 42806

Registrar's No. 209

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Prairie Township (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jackson County Home for the aged (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 3 yrs - 10 mo (Specify whether years, months or days)
In this community: 35 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Jackson
(c) City or town: Lee's Summit (If outside city or town limits, write "RURAL")
(d) Street No.: 0 (If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: Emma Blatt
3. (b) If veteran, name war: ____
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: W
6. (a) Single, widowed, married, divorced: W
6. (b) Name of husband or wife: Harrison H. Blatt
6. (c) Age of husband or wife if alive: ____ years
7. Birth date of deceased: Sept (Month) 22 (Day) 1862 (Year)

8. AGE: Years 78 | Months 2 | Days 14 | If less than one day ____ hr. ____ min.

9. Birthplace: Berks County (City, town, or county) Pa. (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: ?
FATHER
12. Name: Reuben Phillips
13. Birthplace: unknown (City, town, or county) ____ (State or foreign country)
MOTHER
14. Maiden name: unknown
15. Birthplace: unknown (City, town, or county) ____ (State or foreign country)
16. (a) Informant: W. H. McCarthy
(b) Address: Little Blue Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-8-1940 (Month) (Day) (Year)
(c) Place: burial or cremation: Lee's Summit
18. (a) Signature of funeral director: Fields Funeral Home
(b) Address: Lee's Summit Mo.
19. (a) 12-7-40 (Date received by local registrar) (b) Sara G. Boone (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Dec, day: 6, year: 1940, hour: 3, minute: P. M.
21. I hereby certify that I attended the deceased from July 1-40 Dec 5-40, 19__; that I last saw her alive on Dec 5-40, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis.
Due to: Chronic
Due to: ____
Other conditions: Hypertension (Include pregnancy within 3 months of death)
Major findings:
Of operations: ____
Of autopsy: ____

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 home, farm, etc.)
While at work? ____ (e) Means of injury: ____
23. Signature: W. H. McCarthy M.D. (M.D. or other)
Address: Little Blue Date signed: Dec 6-40

(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.....

....., 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 with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.