

No. 2
4-13-40
4-17-39
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FEB 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **1154**

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **114**

1. PLACE OF DEATH

(a) County Jackson

(b) City or town Jackson City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3630 Forest 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community 30 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Jackson City **48**
(If outside city or town limits, write "RURAL")

(d) Street No. 3630 Forest **0**
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME REBECCA BLENDER

3. (b) If veteran, name war. no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 8
year 1940 hour 11 minute A M.

4. Sex Fe 5. Color or race wh

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

6. (b) Name of husband or wife MARTIN

6. (c) Age of husband or wife if alive 59 years
unt 1984

7. Birth date of deceased May (Month) 9 (Day) 1884 (Year)

21. I hereby certify that I attended the deceased from May 7, 1940 to Jan 8, 1941;
that I last saw her alive on Jan 8, 1941;
and that death occurred on the date and hour stated above.

8. AGE: Years 56 Months 8 Days unk If less than one day _____
hr. _____ min. _____

Immediate cause of death Diabetes mellitus **6-**

9. Birthplace RUSSIA
(City, town, or county) (State or foreign country)

Due to _____

Due to 61

Other conditions _____
(Include pregnancy within 3 months of death)

10. Usual occupation AT HOME

11. Industry or business _____

PHYSICIAN _____

Major findings: _____
Of operations _____

Of autopsy no

Underline the cause to which death should be charged statistically.

MOTHER FATHERS

12. Name Don't know

13. Birthplace Russia
(City, town, or county) (State or foreign country)

14. Maiden name Don't know

15. Birthplace Russia
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Martin Blender

(b) Address 3630 Forest

17. (a) Burial (b) Date thereof 1-9-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sheffield

While at work _____ (Specify type of place)

(c) Means of injury no

23. Signature Chas. J. Nelson (M. D. or other) _____
Address 3626 Grand Ave Date signed 1-8-41

18. (a) Signature of funeral director J. T. Lewis

(b) Address 3609 Woodland

19. (a) Jan 9 1941 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

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

3024 Indiana
Dr. Charles H. Johnson

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 *E. P. Casey*.....

Licensed Embalmer No. *1972*.....

P. O. Address *H. C. 2nd*.....

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.