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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 14 1941

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 5894

Registrar's No. 666

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: None 2026 Kensington /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community: 41 Years

2. USUAL RESIDENCE OF DECEASED: 48
(a) State: Missouri (b) County: Jackson
(c) City or town: Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No.: 2026 Kensington
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: Ray Blessing
3. (b) If veteran, name war: No
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: Maude
6. (c) Age of husband or wife if alive: 55 years
7. Birth date of deceased: September 13, 1880 (Month) (Day) (Year)
8. AGE: Years 60 Months 4 Days 29 If less than one day ____ hr. ____ min.
9. Birthplace: Ohio / (City, town, or county) (State or foreign country)
10. Usual occupation: Retired Florist
11. Industry or business: Unknown
FATHER 12. Name: "
13. Birthplace: (City, town, or county) (State or foreign country) 9
MOTHER 14. Maiden name: Unknown "
15. Birthplace: (City, town, or county) (State or foreign country) 9
16. (a) Informant: Mrs. M. L. Blessing
(b) Address: 2026 Kensington
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb. 15, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation: Burial Mt. Moriah
18. (a) Signature of funeral director: C. H. Blackman & Son, Inc. 261
(b) Address: Kansas City, Mo.
19. (a) 2/15/41 (Date received local registrar) (b) M. M. Grove (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. 12 day 12 year 1941 hour 11 P.M. minute ____ M.
21. I hereby certify that I attended the deceased from 1933 ____, 19__ to ____, 19__; that I last saw him alive on Feb 10, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral accident hemorrhage	12 yr
Due to Hypertension —	
Due to General Debility	
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 (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? — (e) Means of injury —
23. Signature: [illegible] (M.D. or other) M.D.
Address: 3850 Prospect Date signed 2-14-41

(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 H D Blackman

Licensed Embalmer No. 3639

P. O. Address K. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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