

FILED FEB 11 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1091

State File No.

54

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson,
(b) City or town Kansas City,
(c) Name of hospital or institution: St. Luke's Hospital, 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Since 12-15-40
(Specify whether
In this community as above,
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Oklahoma, (b) County 999
(c) City or town Tulsa, 54
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? X 2 years.

3. (a) PRINT FULL NAME Mrs. Louise Ruhl Blodgett,

3. (b) If veteran, name war X 3. (c) Social Security No. X

4. Sex Female / 5. Color or race White / 6. (a) Single, widowed, married, divorced Married,
6. (b) Name of husband or wife Laurence G. Blodgett, 6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased June 30 1884
(Month) (Day) (Year)

8. AGE: Years 57 Months 6 Days 6 If less than one day hr. _____ min. _____

9. Birthplace Missouri, (City, town, or county) (State or foreign country) 0

10. Usual occupation Housewife,

11. Industry or business Z

MOTHER FATHER { 12. Name A. L. Ruhl,
13. Birthplace New York, (City, town, or county) (State or foreign country) 1
14. Maiden name Emilie Hesse,
15. Birthplace Kansas, (City, town, or county) (State or foreign country) 1

16. (a) Informant John C. Taylor,
(b) Address Kansas City, Mo.

17. (a) Burial, (b) Date thereof 1- = 42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cemetery,
Stine & McClure,

18. (a) Signature of funeral director
(b) Address 3235 Gillham Plaza, Kansas City, Mo.

19. (a) Jan 6 1942 (b) M. M. Brown
(Date received of local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 5th
year 1942 hour 9:00 minute P. M.

21. I hereby certify that I attended the deceased from 11-25-40
_____, 19____, to 1-5, 1942

that I last saw her alive on 1-5-42, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Recurrent carcinoma of rt breast 16 mo

Due to metastasis to spine + rt pleura 12 mo

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

Major findings: _____ 50
Of operations _____ 50
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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Emilia Villalobos (M. D. or other) 0
Address Perza and Brady Date signed 1-6-42

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

Dr. Wilhelmy,

MAY 4 1949

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. M. Plank

Licensed Embalmer No.....

1848

P. O. Address.....

W. 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.