

FILED FEB 11 1942  
Registration District No. 297

Primary Registration District No. 1002

Registrar's No. 171

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:  
7701 State Line /  
(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 48

(c) City or town Kansas City  
(If outside city or town limits, write "RURAL") 8

(d) Street No. 7901 State Line  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JAMES S. BLIZZARD

3. (b) If veteran, name war None

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 Ruby M. Blizzard

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased April 24 1885  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>56</u>	<u>8</u>	<u>18</u>	_____ hr. _____ min.

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

10. Usual occupation Stabelman

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name J. Blizzard

13. Birthplace No record  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Kelly

15. Birthplace No Record  
(City, town, or county) (State or foreign country)

16. (a) Informant Ruby Blizzard

(b) Address 7701 State Line

17. (a) Burial (b) Date thereof Jan. 15 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cem.

18. (a) Signature of funeral director Mrs C.L. Forster

(b) Address 918 Brooklyn

19. (a) 1-14-42 (b) Dr. J. H. Crowe  
(Date signed local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month \_\_\_\_\_ day 1-12-42  
year \_\_\_\_\_ hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 8:40 \_\_\_\_\_ 19\_\_\_\_  
8-9 \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_

Acute pulmonary edema  
Chronic interstitial myocardial fibrosis  
Coronary sclerosis

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_ 938

Of autopsy \_\_\_\_\_ 938

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) \_\_\_\_\_  
\_\_\_\_\_ (b) Means of injury \_\_\_\_\_

23. Signature Dr. J. H. Crowe (M. D. or other) \_\_\_\_\_  
Address K.C. Mo. 3 Date signed \_\_\_\_\_

**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 *Sharon A. Redman*.....

Licensed Embalmer No. *2737*.....

P. O. Address *K.P. 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.**