

FILED MAR 25 1943

Registration District No. 199 Primary Registration District No. 1002

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:
7641 Brooklyn Avenue
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community 45 Years (Specify whether years, months or days)

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. 7641 Brooklyn Avenue
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Mr. Thomas Spencer Blair
 3. (b) If veteran, name war No 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month March day 19th
 year 1943 hour 5 minute A. M.
 21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____
 that I last saw h. _____ alive on _____ 19____
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Mrs. Clara Ella Blair 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased October 10 1856
 (Month) (Day) (Year)

Immediate cause of death Coronary Arteriosclerotic heart disease
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years Months Days If less than one day
86 5 9 _____ hr. _____ min.

9. Birthplace Iowa (City, town, or county) (State or foreign country)
 10. Usual occupation Retired Fruit Grower

11. Industry or business California orch
 12. Name Newton Blair
 13. Birthplace Unknown (City, town, or county) (State or foreign country)
 14. Maiden name Clarissa Ella Houston
 15. Birthplace Kentucky (City, town, or county) (State or foreign country)

Major findings: Inspection & history
 Of operations _____
 Of autopsy _____

16. (a) Informant Mrs. George L. Bliss
 (b) Address 7641 Brooklyn Avenue
 17. (a) Burial (Burial, cremation, or removal) Burial (b) Date thereof Mar. 20, 1943
 (Month) (Day) (Year)
 (c) Place: burial of cremation Memorial Park Cemetery
 18. (a) Signature of funeral director D. N. Newcomer's Son
 (b) Address 1401 Brush Creek Blvd.
 19. (a) 3-20-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

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 O. H. H. 3 (Date signed) 3/19/43
 Address _____ Date signed _____

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

MOTHER FATHER

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

R. O. Newcomer Jr

Licensed Embalmer No.

4643

P. O. Address

R. O. Newcomer Jr

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.