

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registrar's No. 2266

Registration District No. 149

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:  
N. E. Corner 31st Street & Indiana Avenue  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution... 1 (Specify whether  
In this community... About 55 Years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State... Missouri (b) County... Jackson 47  
(c) City or town... Kansas City 3  
(If outside city or town limits, write "RURAL") 8  
(d) Street No... 4523 Chestnut Avenue  
(If rural, give location) 0  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country... --

3. (a) PRINT FULL NAME Mr. Beirta Gay Blentlinger

MEDICAL CERTIFICATION

3. (b) If veteran, None name war \_\_\_\_\_  
3. (c) Social Security No. 987-69-5481

20. DATE OF DEATH: Month... May day... 15 th  
year... 1943 hour... 10 minute... 35 P.M.

4. Sex... Male 0 5. Color or race... White  
6. (a) Single, widowed, married, 2 divorced, Widowed

21. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_; that I last saw him \_\_\_\_\_ and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife... Mrs. Erma Blentlinger  
6. (c) Age of husband or wife if alive... \_\_\_\_\_ years

Immediate cause of death... Acute Coronary Occlusion

7. Birth date of deceased... November 2 1880  
(Month) (Day) (Year)

Due to... 94a

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>6</u>	<u>13</u>	_____ hr. _____ min.

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

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

10. Usual occupation... Furnace Setter

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

11. Industry or business... Retired 3 Years

Of autopsy... See Above

12. Name... Ely Blentlinger

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

14. Maiden name... Ellen Edwards

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

16. (a) Informant... Mrs. Gussie Kohler

(b) Address... 4523 Chestnut Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof... May 18, 1943  
(Month) (Day) (Year)

(c) Place: burial or cremation... Memorial Park Cemetery

18. (a) Signature of funeral director... D. H. Newcomer, S. O. W.

(b) Address... 1401 Brush Creek Blvd.

19. (a) 5-17-43 (Date received local registrar) (b) M. M. Crow (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... D. E. Walker (M. D. or other) M. D.  
Address... 28th & Mt. Vernon Date signed... 5/16/43

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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**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 F. S. Walton

Licensed Embalmer No. 2744

P. O. Address K.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.**