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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 22 1943

Registration District No. 149

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 40836

Registrar's No. 5119

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town K.C.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 133 E 46th /
(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 55 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson 48

(c) City or town K.C. 3
(If outside city or town limits, write "RURAL") 8

(d) Street No. 133 E 46 st.
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME ISAAC. BLOND

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Blond

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Don't Know (Month) (Day) (Year)

8. AGE: Years 64 | Months | Days | If less than one day ____ hr. ____ min.

9. Birthplace ____ (City, town, or county) Russia 6 (State or foreign country)

10. Usual occupation Produce Commission

11. Industry or business

FATHER
12. Name Israel Blond
13. Birthplace ____ (City, town, or county) Russia 6 (State or foreign country)

MOTHER
14. Maiden name Mollie Grey
15. Birthplace ____ (City, town, or county) Russia 6 (State or foreign country)

16. (a) Informant Sonia Blond
(b) Address 133 E 46th.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/6/43 (Month) (Day) (Year)
(c) Place: burial or cremation Rose Hill Cem.

18. (a) Signature of funeral director Carroll Hardin
(b) Address 3024 Trust.

19. (a) 12-6-43 (Date received local registrar) (b) P. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 4th year 1943 hour 2:30 minute P M.

21. I hereby certify that I attended the deceased from June 1938 September 10 1943, to Dec 4, 1943; that I last saw him alive on Sept 10 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Coronary occlusion about angina pectoris — Duration: 2 hours

Due to Diabetic arteriosclerosis advancing for years.

Due to Low gangrene of foot last year

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 61

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 L. S. Milne O (M. D. or other)

Address 113 x Professional Bldg Date signed Dec 4/43

(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.....

Licensed Embalmer No.....

P. O. Address.....

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.