

FILED APR 6 1944
Registration District No. 2044

Primary Registration District No. 1002

Registrar's No.

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:
2217 East Front St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 3-1/2 Months years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 2207 East Front St
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Frances Lee Blauvelt

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov 28 1943
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>0</u>	<u>3</u>	<u>17</u>	hr. _____ min.

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

10. Usual occupation none

11. Industry or business _____

12. Name Mirrell Blauvelt
13. Birthplace Kansas City Missouri (City, town, or county) (State or foreign country)
14. Maiden name Alma Frances Rose
15. Birthplace Kansas City Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mirrell Blauvelt
(b) Address 2217 East Front St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 18 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Green Lawn Cem.

18. (a) Signature of funeral director Mrs C. L. Forster
(b) Address Kansas City, Mo.

19. (a) Mar 16 1944 (Date received local registrar) (b) T. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 15 year 1944 hour 9 minute 35 A. M.

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

Immediate cause of death Status Thymico Sympathicus

Due to _____

Due to _____

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

Major findings: Of operations _____
Of autopsy See Above

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 A. E. Walker (M. D. or other) M. D.
Address 22 McCoy Date 3/15/44

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

MOTHER FATHER

48
208

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

64

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 C. H. Wick

Licensed Embalmer No. 2570

P. O. Address R. C. G.

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.