

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

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THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 18 1946

State File No. **9279**
Registrar's No. **1145**

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:
St. Lukes Hosp. (1)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **11 days**
(Specify whether years, months or days) **11 days**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Bates** **7**
(c) City or town **Adrian, rural** **6**
(If outside city or town limits, write "RURAL")
(d) Street No. **7 miles S. W. of Adrian** **0**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Albert Blaser**
3. (b) If veteran, name war **no** 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 **Anna Elisa Blaser** 6. (c) Age of husband or wife if alive **70** years
7. Birth date of deceased **August 9, 1866**
(Month) (Day) (Year)

8. AGE: Years **79** Months **6** Days **23** If less than one day hr. min.

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

10. Usual occupation **farmer**

11. Industry or business

MOTHER FATHER { 12. Name **Rudolph Blaser**

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

14. Maiden name **unknown**

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

16. (a) Informant **Mrs. Earl Allen**

(b) Address **2819 Campbell**

17. (a) **removal** (b) Date thereof **3-6-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Adrian, Mo.**

18. (a) Signature of funeral director **Creath & Six**
(b) Address **Adrian, Mo.**

19. (a) **3-8-46** (b) **Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **March** day **2**
year **1946** hour **1** minute **45 A.M.**
21. I hereby certify that I attended the deceased from **Feb. 19**
1946 to **March 2, 1946**
that I last saw him alive on **March 1, 1946**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiac failure** - Duration

Due to **fracture dislocation of 11th dorsal vertebrae with transection of spinal cord.**
Due to **1866-5**
3

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

Major findings: Of operations **transection of spinal cord at the level of 11th dorsal vertebrae**
Of autopsy **1866-5**
Underline in red ink 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) **fall** **DD?**

(b) Date of occurrence **Feb 11, 1946**

(c) Where did injury occur? **Adrian Bates Mo**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
farm

While at work? **yes** (Specify type of place) (e) Means of injury **fall in barn**

23. Signature **Richard H. Kiene M.D.** (M. D. or other)
Address **1400 Professional Bldg** Date signed **March 6, 1946**

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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.....

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.

WRITE PLAINLY—USE INK

10. Usual occupation Wanner

11. Industry or business Wanner

MOTHER FATHER { 12. Name Rudolph Blaser

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

14. Maiden name Don't know

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

16. (a) Informant Mrs. Earl Allen

(b) Address 2819 Campbell K.C. Mo

17. (a) Burial (b) Date thereof 3-6-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial Adrian, Mo. ~~cremation~~

18. (a) Signature of funeral director Creath & Son

(b) Address Adrian, Mo.

19. (a) 3-2-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

Other conditions Advanced age
(Include pregnancy within 3 months of death)

Major findings:
Of operations Trauma to spinal cord

Of autopsy Held for military records

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) Accident

(b) Date of occurrence February 11, 1946

(c) Where did injury occur? (Rural) Adrian, Bates Missouri
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Farm (Specify type of place)

21. While at work? yes (e) Means of injury Fall

23. Signature William H. Sneyd M.D. (M. D. or other)

Address H. Lukas Kay Date signed 3-2-46

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

Fred T. Creath

Registered Apprentice No.

working under my personal supervision.

Signed

Fred T. Creath

Licensed Embalmer No.

3343

P. O. Address

Adrian, 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.