S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 25 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20157

Registration District No. 199 Primary Registration District No. 1002 Registrar's No. 2643

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: 2131 Summett 1 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 25 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson 48
(c) City or town Kansas City (If outside city or town limits, write "RURAL") 3
(d) Street No. 2131 Summett (If rural, give location) 8
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME JULIA F. BLAGG
3. (b) If veteran, name war L no
3. (c) Social Security No. None
4. Sex Female
5. Color or race W
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Henry Blagg
6. (c) Age of husband or wife if deceased
7. Birth date of deceased Dec 19 - 1892 (Month) (Day) (Year)

8. AGE: Years 53 Months 5 Days 25 If less than one day hr. min.

9. Birthplace Lexington Mo 0 (City, town, or county) (State or foreign country)
10. Usual occupation Housekeeper
11. Industry or business
FATHER
12. Name John Lubrick
13. Birthplace Mo 0 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Brammer
15. Birthplace Mo 0 (City, town, or county) (State or foreign country)
16. (a) Informant Mary Hazzards
(b) Address 2131 Summett
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6-17-46 (Month) (Day) (Year)
(c) Place: burial or cremation Warrensburg Mo
18. (a) Signature of funeral director [illegible]
(b) Address KC Mo
19. (a) 6-15-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14 year 1946 hour 4 minute 30 A.M.
21. I hereby certify that I attended the deceased from June 3, 1946 to June 14, 1946; that I last saw her alive on June 13, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac failure	
Due to Neuro Syphilis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 30 8	
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) 5
While at work? (e) Means of injury
23. Signature G. L. Antry (M. D. or other) DO
Address 3901 E. Indiana Date signed 6/14/46
Kansas City

(Licensed Embalmer's Statement on Reverse Side)

a L Antry
3901 1/2 Indiana
Wa 7383

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 Peter B Kapetson

Licensed Embalmer No. 4773

P. O. Address KC 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.