

FILED APR 14 1947

Registration District No. 149

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:  
2760 HOLMES STREET 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 YEARS  
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. 2760 HOLMES STREET 1  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MRS. ROSIE HEINRICH BLAKE

3. (b) If veteran, name war No

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 2<sup>ND</sup>  
year 1947 hour 9 minute 30 A.M.

4. Sex FEMALE 5. Color or race WHITE

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

6. (b) Name of husband or wife MR. WALTER BLAKE

6. (c) Age of husband or wife if alive 25 years (Day) (Year)

7. Birth date of deceased APRIL 25 1894  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 2 to April 7 1947  
that I last saw her alive on April 7 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia

Duration 3 days

8. AGE: Years 52 Months 11 Days 7 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

9. Birthplace JEFFERSON CITY MISSOURI  
(City, town, or county) (State or foreign country)

Other condition Congenital Blindness  
(Include pregnancy within \_\_\_\_\_ months of death)

10. Usual occupation AT HOME

Major findings: None 108

Of operations None

Of autopsy None

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name LEO HALLBERG

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

14. Maiden name ELIZABETH URSAN

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

16. (a) Informant LILLY PHIFER

(b) Address 2760 HOLMES

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) No

(b) Date of occurrence No

(c) Where did injury occur? No  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? No

17. (a) BURIAL (b) Date thereof 4-5-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FOREST HILL CEMETERY

While at work \_\_\_\_\_ (Specify type of place)

While at \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

18. (a) Signature of funeral director D. H. Newcomer's Sons

(b) Address 1401-BRUSH CREEK BLVD.

19. (a) 4-4-47 (Date received local registrar)

Geraldine Holmes (Registrar's signature)

23. Signature John C. Cantor (M.D. or \_\_\_\_\_) Date signed April 3 1947

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

1002

2004 Hwy and Bldg.  
9-1

**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 Melvin Miller  
Licensed Embalmer No. 4407  
P. O. Address Kansas City 3, 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.**