

S. No. 2  
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5-17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9023**  
Registrar's No. **1461**

**FILED APR 8 1947**

Registration District No. **117** 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:  
**5732 KENWOOD AVENUE**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community **23 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. **4104 Paseo**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **BLANCHE V. DRUM**  
3. (b) If veteran, name war **no**  
3. (c) Social Security No. **NONE**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **March** day **28**  
year **1947** hour **2** minute **25** P.M.  
21. I hereby certify that I attended the deceased from **JANUARY 8**  
**1947**, to **MARCH 28**, 1947;  
that I last saw her alive on **MARCH 24**, 1947;  
and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Single**  
6. (b) Name of husband or wife **none** 6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years  
7. Birth date of deceased: **3** **18** **1867**  
(Month) (Day) (Year)

Immediate cause of death: **Branchogenic Carcinoma** Duration **3mo. +**  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
**80** **0** **10** hr. min.

Other conditions: **Hypertension and arteriosclerosis** **probably years**  
(Include pregnancy within 3 months of death)  
Major findings: **470**  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

9. Birthplace **Princeton - Kansas**  
(City, town, or county) (State or foreign country)

10. Usual occupation **RETIRED**

11. Industry or business **BOOKKEEPER**

12. Name **Jane Drum**

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

14. Maiden name **Elda Smith**

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

16. (a) Informant **C. C. Drum**

(b) Address **5732 Kenwood**

17. (a) **Burial** (b) Date thereof **3 31 1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Princeton Kansas**

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

(b) Address **1401 BRUSH CREEK BLVD**

19. (a) **3-38-47** (b) **Thelaine Holmes**  
(Date received local registrar) (Registrar's signature)

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 **William F. Jones** (M. D. or other) \_\_\_\_\_  
Address **820 Professional Bldg** Date signed **3/28/47**

(Licensed Embalmer's Statement on Reverse Side) **Kansas City Mo.**

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

MOTHER FATHER

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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 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.**