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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 11 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31106

Registration District No. 72/9

Primary Registration District No. 1002

Registrar's No. 4183

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 MENORAH HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 WEEKS (Specify whether
In this community 81 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON 48
(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")
(d) Street No. 2630 LOCKRIDGE 8
(If rural, give location) 0
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MARY MARGARET BLAUW
3. (b) If veteran, name war NO
3. (c) Social Security No. NONE

4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MR CHARES F. BLAUW
6. (c) Age of husband or wife if alive 80 years
7. Birth date of deceased JULY (Month) 15 (Day) 1866 (Year)

8. AGE: Years 81 Months 2 Days 17 If less than one day ..... hr. ..... min.

9. Birthplace ST JOSEPH MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE
11. Industry or business

FATHER
12. Name PETER BOYLE 4
13. Birthplace IRELAND 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN 1
(City, town, or county) (State or foreign country)

16. (a) Informant MR. CHARLES F. BLAUW
(b) Address 2630 LOCKRIDGE AVENUE
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof OCT-4-1947 (Month) (Day) (Year)
(c) Place: burial or cremation ELMWOOD CEMETERY
18. (a) Signature of funeral director D. H. Newcomer's Son
(b) Address 1401 BRUSH CREEK BLVD.
19. (a) 10-4-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT day 2ND year 1947 hour 12 minute 45 P. M.

21. I hereby certify that I attended the deceased from Aug 16, 1947, to October 2, 1947 that I last saw her alive on October 2, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Brain tumor, Diabetes + Cerebral atrophy, Fatty Degeneration of Liver — Duration: Two yrs. One

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy In addition to above Nephrosclerosis with Uraemia

PHYSICIAN
Underline the cause of 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)
While at work? (e) Means of injury

23. Signature John G. Lapp (M. D. or other) M.D.
Address 13/14 Professional Bldg Date signed 10/3/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Jess T. Dews

Licensed Embalmer No. 4453

P. O. Address Kansas City

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.