S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34385

FILED OCT 21 1947

Registration District No. 2419 Primary Registration District No. 1002 Registrar's No. 4283

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

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: General Hospital #1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 hour (Specify whether years, months or days)

In this community about 30 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City (If outside city or town limits, write "RURAL")

(d) Street No. 919 West 17th Street (If rural, give location) 8

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME WILLIAM BLEVINS

3. (b) If veteran, name war None

3. (c) Social Security No. 496-05-1326

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Violet Blevins

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased Aug. (Month) 13 (Day) 1898 (Year)

8. AGE:	Years	Months	Days	If less than one day
	49	1	27	hr. min.

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

10. Usual occupation Truck Driver

11. Industry or business

FATHER
12. Name Yance Blevins
13. Birthplace Virginia (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Chrisley
15. Birthplace Virginia (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Violet Blevins

(b) Address 919 West 17th St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-13-47 (Month) (Day) (Year)

(c) Place: burial or cremation Maple Hill Cemetery K.C.K.

18. (a) Signature of funeral director Weilert Funeral Home

(b) Address Kansas City, Mo.

19. (a) 10-11-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 10th year 1947 hour 12:50 AM minute M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Sub-dural hematoma

Due to Injury by

Due to Fall

Other conditions (Include pregnancy within 3 months of death) Deputy Coroner

Major findings: Of operations 1860 14

Of autopsy See Above

Duration

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) Accident 123

(b) Date of occurrence 10-9-47

(c) Where did injury occur? Kansas City Mo (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? No (e) Means of injury Trauma

23. Signature A. E. Upsher (M. D. or other) MD

Address 2800 Main Date signed 10/10/47

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 Blaine E. Weilert

Licensed Embalmer No. 4075

P. O. Address K.C. 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.