

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9073

State File No.

FILED APR 1 1950

1213

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>1213</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>56 YEARS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		d. STREET ADDRESS (If rural, give location) <u>2642 Brighton 3340</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2642 Brighton</u>				d. STREET ADDRESS (If rural, give location) <u>2642 Brighton 3340</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Blanche</u> b. (Middle) <u>May</u> c. (Last) <u>Wallace</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 13 1950</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>March 22, 1893</u>	
9. AGE (In years last birthday) <u>56 yrs.</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY ---		11. BIRTHPLACE (State or foreign country) <u>Kansas City, Kansas</u>	
11. BIRTHPLACE (State or foreign country) <u>Kansas City, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					
13a. FATHER'S NAME <u>John H. Pierson</u>			13b. MOTHER'S MAIDEN NAME <u>Anna M. Collins</u>			14. NAME OF HUSBAND OR WIFE <u>LeRoy Charles Wallace</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. ---		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>LEROY CHARLES WALLACE 2642 BRIGHTON KANSAS CITY MO.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Cervical Metastases</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Lumpectomy Breast-Removal</u> 1948 DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Sanitation - starvation</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1948</u>
19a. DATE OF OPERATION <u>1948</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>12-1, 1949</u> to <u>3-13, 1950</u> , that I last saw the deceased alive on <u>3-13, 1950</u> , and that death occurred at <u>11:05 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Geo. H. Jones</u> (Degree or title) <u>Geo. H. Jones M.D.</u>				23b. ADDRESS <u>801 - N. Paseo K.C. Mo.</u>		23c. DATE SIGNED <u>3/14/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>3-16-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>new Hope</u>		24d. LOCATION (City, town, or county) (State) <u>Liberty Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3-14-50</u>		REGISTRAR'S SIGNATURE <u>Leraldine Holmes</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>P.O. Newcomer 1331 1/2 S. 1st St. Kansas City Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

working under my personal supervision.

Student Embalmer No.....

Signed Robert Ray

Signed.....
Student Embalmer

Licensed Embalmer No. 4182

P. O. Address Kansas City, 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.