

FILED JUN 30 1950

STANDARD CERTIFICATE OF DEATH

20609
State File No.

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 115

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) <u>RURAL Prairie</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>	
c. LENGTH OF STAY (in this place) <u>6 MONTHS</u>		d. STREET ADDRESS (If rural, give location) <u>3931 NORLEDGE AVENUE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>JACKSON COUNTY HOME</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>CLARA</u> b. (Middle) <u>ELIZABETH</u> c. (Last) <u>BLASI</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JULY-12-1950</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	
8. DATE OF BIRTH <u>JULY-27-1898</u>		9. AGE (In years last birthday) <u>71 YEARS</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>	
10b. KIND OF BUSINESS OR INDUSTRY ---		11. BIRTHPLACE (State or foreign country) <u>DES MOINES, IOWA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>BLASI</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE ---	
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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. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. NELLIE JOE ROSE</u>	
				ADDRESS <u>3931 NORLEDGE AVE. 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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uterine Hemorrhage</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of Cervix Uteri</u>			<u>months</u>
		DUE TO (c) ---			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>171X</u>

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) m.		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 March 2, 1950, to June 12, 1950, that I last saw the deceased alive on June 12, 1950, and that death occurred at 2:55 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>W.H. Johnson</u>		(Degree or title) <u>Dr.</u>		23b. ADDRESS <u>North Bank Bldg. Independence, Mo.</u>	
				23c. DATE SIGNED <u>6/13/50</u>	

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JUNE-17-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>SALEM CEMETERY</u>	
				24d. LOCATION (City, town, or county) (State) <u>INDEPENDENCE MISSOURI</u>	

DATE REC'D BY LOCAL REG. <u>JUNE 16, 1950</u>		REGISTRAR'S SIGNATURE <u>Donald C. Samslow</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Al. Puccinelli</u>	
		378		ADDRESS <u>1331 BRUSH CREEK KANSAS CITY, MO.</u>	

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

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JUN 23 1950

Mr. Ronald Barnshaw
341W

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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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed Edward M. Storey

Signed.....
Student Embalmer

Licensed Embalmer No. 4452

P. O. Address K.C. 4 Mr.

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.