

FILED JUN 30 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20051**
2582

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>2582</u>	
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (In this place) 40 WEEKS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		d. STREET ADDRESS (If rural, give location) 2517 Wabash Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION GENERAL HOSPITAL #2				d. STREET ADDRESS (If rural, give location) 2517 Wabash Avenue			
3. NAME OF DECEASED a. (First) VELSA (Type or Print)		b. (Middle)		c. (Last) BLUFORD		4. DATE OF DEATH (Month) (Day) (Year) JUNE 11 1951	
5. SEX MALE	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH FEBRUARY 9 1902	9. AGE (In years last birthday) 49	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) UNION PARISH, LOUISIANA		12. CITIZEN OF WHAT COUNTRY? U. S.	
13a. FATHER'S NAME WILLIAM BLUFORD		13b. MOTHER'S MAIDEN NAME VIOLET		14. NAME OF HUSBAND OR WIFE LODONIA BLUFORD			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 490-16-6818		17. INFORMANT'S SIGNATURE OR NAME ADDRESS ROSIE REMBERT 2329 Park Avenue			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ^(a) TERMINAL UREMIA BRONCHO PNEUMONIA ANTECEDENT CAUSES DUE TO (b) MALIGNANT ARTERIOLENEPHROSCLEROSIS DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. SEVERE ANEMIA					INTERVAL BETWEEN ONSET AND DEATH 44hr
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					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)		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>6-9</u> , 19 <u>51</u> , to <u>6-11</u> , 19 <u>51</u> , that I last saw the deceased <input checked="" type="checkbox"/> alive on <u>6-11</u> , 19 <u>51</u> and that death occurred at <u>2:00P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE OF REGISTRAR Ellis M.D.				23b. ADDRESS 600 East 22nd Street		23c. DATE SIGNED 6-12-51	
24a. BURIAL CREMATION (REMOVAL) (Specify) BURIAL		24b. DATE 6/18/51		24c. NAME OF CEMETERY OR CREMATORY Woodland Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Kansas	
DATE REC'D BY LOCAL REG. 6-18-51		REGISTRAR'S SIGNATURE Sheraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. Watkins, 18th & Benton			

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

1902

1902

STATE

DEPARTMENT OF HEALTH

GENERAL HEALTH BOARD

STATE

DEPARTMENT

HEALTH

STATE

HEALTH

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.....

Bruce L. Watkins

Signed.....
Student Embalmer

Licensed Embalmer No. 4500

P. O. Address 18th & Benton

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.