

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23179

State File No. ....

FILED AUG 11 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3089

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>KANSAS CITY</u>	c. LENGTH OF STAY (In this place) <u>21 YEARS</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY 31480</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>K.C. CONVALESCENT HOME</u>		d. STREET ADDRESS (If rural, give location) <u>501 EAST 11TH STREET</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>BLANCHE</u>	b. (Middle) <u>W.</u>	c. (Last) <u>PENCE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 18 1951</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED 2</u>	8. DATE OF BIRTH <u>AUGUST 5 1869</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. 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>ST. LOUIS MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>ALFRED JOHN WEST</u>	13b. MOTHER'S MAIDEN NAME <u>ELLA BELLE CLEMMONS</u>	14. NAME OF HUSBAND OR WIFE <u>IRA W. PENCE</u>
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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>A. J. WEST</u>	ADDRESS <u>919 OAK STREET KANSAS CITY, MO.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>20 years</u> <u>30 years</u> <u>33 1/2</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral apoplexy</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chondrosis of liver</u> DUE TO (c) <u>Arteriosclerosis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from June 1940 to July 18, 1951, that I last saw the deceased alive on July 7, 1951, and that death occurred at 6:50 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>A.M. Price D</u>	23b. ADDRESS <u>926 E 11th, KC 6E Mo.</u>	23c. DATE SIGNED <u>July 18, 1951</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JULY 20 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT. WASHINGTON CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>7-20-51</u>	REGISTRAR'S SIGNATURE <u>Rosaline Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W.H. Newcomer Sons</u>	ADDRESS <u>1331 SOUTH CREEK KANSAS CITY, MO.</u>
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(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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Bernard J. Ford*

Licensed Embalmer No. *4250*

P. O. Address *N. 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.