

FILED OCT 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33445

State File No.

4113

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

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

| | | | |
|---|--|---|--|
| 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 townships) OR Kansas City | | c. CITY (If outside corporate limits, write RURAL and give township) OR Kansas City | |
| c. LENGTH OF STAY (In this place) 25 yrs. | | d. STREET ADDRESS (If rural, give location) 2400 Peery | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 2400 Peery | | | |

3178

| | | | | | |
|--|--|---|--|---|--|
| 3. NAME OF DECEASED (Type or Print) Mayova Blanton | | | 4. DATE OF DEATH Sept. 25, 1951 | | |
| 5. SEX Female | | 6. COLOR OR RACE Negro | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | |
| 8. DATE OF BIRTH Dec. 1, 1902 | | 9. AGE (In years last birthday) 48 | | 10. UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) Gainsville, Texas | |
| 12. CITIZEN OF WHAT COUNTRY? USA | | | | | |

| | | | | | |
|---|--|---|--|--|--|
| 13a. FATHER'S NAME George Morrison | | 13b. MOTHER'S MAIDEN NAME Nannie Black | | 14. NAME OF HUSBAND OR WIFE Randall Blanton | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. none | | 17. INFORMANT'S SIGNATURE OR NAME Randall Blanton ADDRESS 2400 Peery Peery | |

| | | | | | |
|---|--|---|--|----------------------------------|--|
| 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) chronic myocarditis & nephritis | | INTERVAL BETWEEN ONSET AND DEATH | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | 4222 | |

| | | | | | |
|--|--|--|--|---|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) 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 1, 1951, to 9-25, 1951, that I last saw the deceased alive on 9-24, 1951, and that death occurred at _____ m., from the causes and on the date stated above.

| | | | | | |
|---|--|---|--|---|--|
| 23a. SIGNATURE T.S. Bouwke (Degree or title) MD | | 23b. ADDRESS 1207 Riatt Bldg. N.C. Mo. | | 23c. DATE SIGNED 9/26/51 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE 9/28/51 | | 24c. NAME OF CEMETERY OR CREMATORY Wewoka, Okla. | |

| | | | | | |
|---|--|---|--|--|--|
| DATE REC'D BY LOCAL REG. 9-27-51 | | REGISTRAR'S SIGNATURE Seraldine Holmes | | 25. FUNERAL DIRECTOR'S SIGNATURE Watkins Bros. ADDRESS 18th & Benton | |
|---|--|---|--|--|--|

*Dr. Burkhead
906 Howard
Room 1217*

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 *Lawrence A. Jones*

Licensed Embalmer No. *4439*

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.