

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14048

State File No.

FILED APR 25 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1898

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 OR TOWN <u>Kansas City</u>	c. LENGTH OF STAY (in this place) <u>52 YEARS</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City 3418</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>H.C. Tuberculosis Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>2429 Troost Avenue</u>	

3. NAME OF DECEASED (Type or Print) a. (First) RAY b. (Middle) _____ c. (Last) BLATT 4. DATE OF DEATH (Month) (Day) (Year) April 6 1953

5. SEX MALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH March 28, 1901 9. AGE (In years last birthday) 52 IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FOUNDRY MAN 10b. KIND OF BUSINESS OR INDUSTRY Foundry Co. 11. BIRTHPLACE (State or foreign country) Kansas City Mo 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Charles Blatt 13b. MOTHER'S MAIDEN NAME Anna Hilliland 14. NAME OF HUSBAND OR WIFE Mrs. MARTHA BLATT

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. 449-05-9655 17. INFORMANT'S SIGNATURE OR NAME William Blatt ADDRESS 3805 Highland

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Pulmonary Tuberculosis

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____

ANTECEDENT CAUSES _____

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

DUPLICATE BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 6-19, 1952 to 4-6, 1953, that I last saw the deceased alive on 4-6, 1953, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE George K. Landis (Degree or title) M.D. 23b. ADDRESS 1630 PROFESSIONAL BLDG. 23c. DATE SIGNED APRIL 6 1953

24a. BURIAL CREMATION REMOVAL (Specify) BURIAL 24b. DATE APR 9 1953 24c. NAME OF CEMETERY OR CREMATORY WOODLAWN CEMETERY 24d. LOCATION (City, town, or county) (State) INDEPENDENCE, MISSOURI

DATE REC'D BY LOCAL REG. 4-9-53 REGISTRAR'S SIGNATURE Sheraldine Smith 25. FUNERAL DIRECTOR'S SIGNATURE O. N. Newcomer's Sons ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.

(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 Basil V Honey

Signed.....
Student Embalmer

Licensed Embalmer No. 4724

P. O. Address Ashtland, Va

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.