

FILED JUN 9 1954

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **15259****2250**

BIRTH NO. _____		REG. DIST. NO. 393		PRIMARY REG. DIST. NO. 1602		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY Clay				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clay					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City North		c. LENGTH OF STAY (In this place) 9 yrs.		c. CITY OR TOWN Kansas City North		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 3517 No. Bales				e. STREET ADDRESS (If rural, give location) 3517 No. Bales					
3. NAME OF DECEASED (Type or Print) a. (First) George			b. (Middle) Wesley		c. (Last) Blann		4. DATE OF DEATH (Month) (Day) (Year) May 16, 1954		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept. 8, 1909		9. AGE (In years last birthday) 44 IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Employed at T.W.A. Overhaul Base				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Chillicothe, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S.	
13a. FATHER'S NAME Ira H. Blann			13b. MOTHER'S MAIDEN NAME Grace Furr			14. NAME OF HUSBAND OR WIFE Esther D. Blann			
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. 494-18-9200		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Esther D. Blann 3517 No. Bales, K.C. 16				
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) coronary occlusion ANTECEDENT CAUSES DUE TO (b) coronary arteriosclerosis DUE TO (c) none II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none						INTERVAL BETWEEN ONSET AND DEATH few weeks selfish 4201	
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)		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 July 17, 1953 , to August 13, 1953 , that I last saw the deceased alive on July 17, 1953 , and that death occurred at 1:55 A.M. , from the causes and on the date stated above.									
23a. SIGNATURE Robert H. Hodge (Degree or title) MD				23b. ADDRESS 329 E. Arrowhead No. K.C. Mo		23c. DATE SIGNED 5-18-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/19/54		24c. NAME OF CEMETERY OR CREMATORY Monroe Cemetery		24d. LOCATION (City, town, or county) (State) Ludlow, Missouri			
DATE REC'D BY LOCAL REG. 5-19-54		REGISTRAR'S SIGNATURE Genevieve Smith			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D. W. Newcomer's N.K.C. 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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
John Walsbark

Licensed Embalmer No. 49
P. O. Address No. Kansas

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.