

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

108467

1. PLACE OF DEATH

County Jackson
Township Kenn
City Kansas City, Mo. (No. St. Anthony)

Registration District No. 399
Precinct Registration District No. 1002

File No.
Registered No. 1376 St. Ward)

2. FULL NAME

George Edward Blankenship Danversport
(a) Residence No. St. Anthony, Mo. 7200 St. Ward.
(Usual place of abode) College (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 12-12-1928

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
3 4

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Ches
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) K. C. Mo.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Geo. Blankenship

11. BIRTHPLACE OF FATHER (CITY OR TOWN) unknown
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Cordelia Danversport

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) unknown
(STATE OR COUNTRY)

14. INFORMANT Sister Mary Joseph
(Address) St. Anthony's Home

15. FILED 3/19 2970 M. Carver
19... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 16 1929

17. I HEREBY CERTIFY, That I attended deceased from 3-10 19... to 3-16-29 19... that I last saw him alive on March 16 1929, and that death occurred, on the date stated above, at 11:20 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia
Primary
107A (duration) yrs. mos. da. 6
CONTRIBUTORY 100W (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED at St. Anthony's Home
IF NOT AT PLACE OF DEATH:

19. DID AN OPERATION PRECEDE DEATH?

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical findings
(Signed) H. Danversport, C.O. Jungershausen

3/17 1929 (Address) St. Anthony's Home

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENCE CAUSES, (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Marys Cem DATE OF BURIAL Mar 20 1929

20. UNDERTAKER John H. Wagner ADDRESS 1409 Grand Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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