WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

22957

1. PLACE OF DEATH
County Jackson — Registration District No. — File No. 2869
Township Kaw — Primary Registration District No. — Registered No.
City Kansas City (No. 9th - Charlotte Columbia Hotel St. Ward)

2. FULL NAME Donald C. Blessing
(a) Residence, No. Columbia Hotel St., 2 Ward
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.
4. COLOR OR RACE W.
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) Unknown
7. AGE Guess — YEARS 48 — MONTHS — DAYS — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nite Clerk 233
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Columbia Hotel
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chanute Kas.

FATHER
13. NAME Rudolph Blessing
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

17. INFORMANT (ADDRESS) Eylar's 1800 Linwood
18. BURIAL, CREMATION, OR REMOVAL
PLACE Chanute Kas DATE July 25 1932
19. UNDERTAKER (ADDRESS) Eylar Funeral Home 1800 Linwood
20. FILED 7/23 1932 M. McCrowe Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 23 1932 Saturday
22. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner, 19..., to ..., 19...
I last saw h..... alive on ..., 19..... Death is said to have occurred on the date stated above, at 3 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Homicide, fire arm	
1813 173	
Other contributory causes of importance: Shot by Bandit	
Name of operation ..... Date of	
What test confirmed diagnosis ..... Was there an autopsy?	

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 7/23, 1932
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Shot by Bandit in hold up
Nature of injury Shot through head

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Stanley M Hall, M. D.
(Address) Deputy Coroner