

REC'D MAY 9 1936

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

13672

Do not use this space.

## 1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
 (b) Township Kaw Primary Registration District No. 1002  
 (c) City Kansas City (d) Street No. Menorah Hospital St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

Registered No. 1652

## 2. PRINT FULL NAME

Nathan Kimble Blalock 4420  
 (a) Residence, No. 3839 Thompson St.   
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs. Alma Blalock</u>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>December 12, 1867</u>			
7. AGE	YEARS	MONTHS	DAYS
	<u>70</u>	<u>4</u>	<u>6</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.			IF LESS than 1 day, .....hrs. or .....min.
9. Industry or business in which work was done, as saw mill, bank, etc.			<u>Carpenter</u>
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) <u>Indiana</u>			
13. NAME <u>Baron DeKalb Blalock</u>			
14. BIRTHPLACE (CITY OR TOWN). (STATE OR COUNTRY) <u>Greenville</u> <u>North Carolina</u>			
15. MAIDEN NAME <u>Indiana Boston</u>			
16. BIRTHPLACE (CITY OR TOWN). (STATE OR COUNTRY) <u>Indiana</u>			
17. INFORMANT <u>Walter W. Blalock (Son)</u> (ADDRESS) <u>6143 South Benoton, Kansas Cy.,</u>			
18. BURIAL, CREMATION OR REMOVAL <u>Memorial Park Cem.</u> PLACE <u>Kansas City, Mo.</u> DATE <u>April 20</u> 19 <u>36</u>			
19. FUNERAL DIRECTOR <u>Stine &amp; McClure</u> (ADDRESS) <u>Kansas City, Missouri</u>			
20. FILED <u>Apr 19</u> 19 <u>36</u> <u>M. M. Brown</u> Local Registrar.			

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 18 1936

22. I HEREBY CERTIFY, That I attended deceased from  
Jan. 24, 1936 to April 18, 1936  
I last saw him alive on April 18, 1936 Death is said  
to have occurred on the date stated above, at P. 3:45  
The principal cause of death and related causes of importance were as follows:

Ulcerous tuberculous.  
(more than one year)  
Tubercular pneumonia.  
(unknown) than one year.

Other contributory causes of importance: 45.  
Epithelioma of the lip.  
(about six months)

Name of operation lip resection Date of 2/5/36  
& removal of enlarged glands yes  
What test confirmed diagnosis? laboratory & postmortem 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....., 19.....  
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.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no.  
If so, specify.....  
(Signed) C. D. Wynman, M. D.  
(Address) 1314 Professional Bldg.

Date of onset

WRITE CLEARLY, 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.

3230

*Memorial Service*

*July 1 1960*

*ha 4608*

**STATEMENT BY LICENSED EMBALMER**

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_  
 hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
 \_\_\_\_\_ L. E. \_\_\_\_\_  
 No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
 working under my personal supervision.

Signed \_\_\_\_\_  
 \_\_\_\_\_  
 Licensed Embalmer No. \_\_\_\_\_

**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.)**