

NOV 21 1938

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

34849
Do not use this space
4185

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. St. Mary's Hospital Registered No. _____
(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.

2. PRINT FULL NAME Charles M. Blosser

(a) Residence, No. _____ St. Pomona, Kansas
(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Florence Hughes Blosser
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 8, 1870
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 68 3 17
OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Mo. Pacific
9. Industry or business in which work was done, as saw mill, bank, etc. telegrapher & agent
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/25/38, 19____
22. I HEREBY CERTIFY That I attended deceased from 10/24/38, 19____, to 10/25/38, 19____
I last saw him alive on 10/25/38, 19____. Death is said to have occurred on the date stated above, at 8:30 p.m.
The principal cause of death and related causes of importance were as follows:

Chronic glomerular nephritis
Acute bronchopneumonia
131

Date of onset

12. BIRTHPLACE (CITY OR TOWN) 8 Miles Northwest of Ottawa
(STATE OR COUNTRY) Kansas

FATHER 13. NAME Christian M. Blosser
14. BIRTHPLACE (CITY OR TOWN) Logan
(STATE OR COUNTRY) Ohio

MOTHER 15. MAIDEN NAME Lucinda Parkinson
16. BIRTHPLACE (CITY OR TOWN) Iowa
(STATE OR COUNTRY)

17. INFORMANT Mrs. Charles M. Blosser
(ADDRESS) Pomona, Kansas

18. BURIAL, ~~OR INTERMENT~~ Woodlawn Cemetery
PLACE Pomona, Kansas DATE October 28, 1938

19. FUNERAL DIRECTOR (NAME) Stine & McClure
(ADDRESS) Kansas City, Missouri

20. FILED 10-27-38 M. M. Crowe
Local Registrar.

Other contributory causes of importance:
W

Name of operation _____ Date of _____
What test confirmed diagnosis Autopsy Was there an autopsy yes

23. If death was due to external cause (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 of injury in any way related to occupation of decedent? _____
If so, specify _____
(Signed) [Signature], M. D.
(Address) 1009 W. Bldg
KC 000

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.

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

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.