

FEB 20 1939

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

1205

Do not use this space.

218

1. PLACE OF DEATH

- (a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002 Registered No. 218
 (c) City Kansas City, Missouri Street No. 2915 Brooklyn Avenue, K.C.Mo. 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.

2. PRINT FULL NAME Ross R. Blaine

- (a) Residence, No. 2937 Brooklyn Avenue, K.C.Mo. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 Della Blaine

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 22nd, 1876

7. AGE YEARS 62 MONTHS 5 DAYS 25 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, etc. Electrician
 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) Ohio

FATHER 13. NAME David R. Blaine

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER 15. MAIDEN NAME Palynria Zink

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Della Blaine, 2937 Brooklyn Avenue, Kansas City, Missouri.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ottawa, Kans. DATE Jan. 19- 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Mrs. C.L. Forster, 918 Brooklyn Avenue, K.C.Mo.

20. FILED Jan 18 1939 M. M. Browne Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 17th, 1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, 19____

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at _____, 19____. m.
 The principal cause of death and related causes of importance were as follows:

Ischemic myocarditis
Scientific Atherosclerosis
Acute Pulmonary Edema

Other contributory causes of importance: _____

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

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? _____ If so, specify _____

(Signed) Dr. Russell G. ..., M. D.
 (Address) ...

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.