

FILED MAR 11 1940

Registration District No. 399Primary Registration District No. 1002Registrar's No. 670

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Kansas City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
4030 Garfield 2
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 years, months or days) 29 years

3. (a) PRINT FULL NAME Mrs. Laura J. Blunk

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife James M. Blunk 6. (c) Age of husband or wife if alive 78 years
 7. Birth date of deceased Sept. 21, 1868
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>4</u>	<u>21</u>	_____ hr. _____ min.

9. Birthplace Illinois
(City, town, or county) (State or foreign country)10. Usual occupation At home

11. Industry or business _____

MOTHER FATHER
 { 12. Name Critten Hutchinson
 { 13. Birthplace Virginia
 (City, town, or county) (State or foreign country)
 { 14. Maiden name Charlotte Witherell
 { 15. Birthplace Pa.
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature _____

(b) Address 4030 Garfield17. (a) Burial (b) Date thereof: Feb. 14, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Memorial Park18. (a) Signature of funeral director Freeman Mortuary(b) Address 104 W. 42nd St., K.C., Mo.19. (a) Feb. 14, 1940 (b) Mo Mo Orave
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
 (c) City or town Kansas City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4030 Garfield
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 12,
year 1940 hour 2- minute 30 A. M.21. I hereby certify that I attended the deceased from 1930
_____, 19____, to Death, 1940
that I last saw her alive on Feb. 12, 1940
and that death occurred on the date and hour stated above.Immediate cause of death Auto ganglions Duration todayDue to Embolus of Liver - 12400

Due to _____

Other conditions nerve exhaustion
(Include pregnancy within 3 months of death)Major findings: As stated above.

Of operations _____

Of autopsy Yes

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
(e) Means of injury _____23. Signature Mary J. Lours (M. D. or other) _____
Address 4116 Walnut St. Date signed _____

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 Clarence W. Childs

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

Signed Clarence W. Childs

Licensed Embalmer No. 3473

P. O. Address 26 E. 7th St.

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.