DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 23 1940

Registration District No. 409

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11256

Primary Registration District No. 5558

Registrar's No. 32

1. PLACE OF DEATH:

(a) County Jackson W[illegible]

(b) City or town Kansas City, Missouri

(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Armour Mem. Home

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 yrs 3 (Specify whether

In this community (3) 3 years - 23 days

years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town K. C. Mo

(If outside city or town limits, write "RURAL")

(d) Street No. 8100 Wornall Rd.

(If rural, give location)

(e) If foreign born, how long in U. S. A.? no. years.

3. (a) PRINT FULL NAME Blanche Congdon Hyerhad

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Unknown

6. (c) Age of husband or wife if alive X years

7. Birth date of deceased June (Month) 16 (Day) 1869 (Year)

8. AGE:	Years	Months	Days	If less than one day
	70	9	20	hr. min.

9. Birthplace Elmira (City, town, or county) New York (State or foreign country)

10. Usual occupation Practical Nurse, housewife

11. Industry or business X

FATHER
12. Name Tyler Congdon
13. Birthplace Elmira (City, town, or county) New York (State or foreign country)

MOTHER
14. Maiden name Lillian Rathburn
15. Birthplace Elmira (City, town, or county) New York (State or foreign country)

16. (a) Informant's own signature Armour Memorial Home,

(b) Address 8100 Wornall Road, K. C., Mo.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 4-8-40 (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery,

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 4-9-40 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day April year 1940 hour 6 minute 10 A.M.

21. I hereby certify that I attended the deceased from March 11, 1937, to Apr 6, 1940 that I last saw her alive on Mch. 31, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of uterus	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other)

Address 636 Argyle Bl. Date signed 4-6-40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 5-17-39 X19511

Only for Records

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. 1415

P. O. Address K. C. Mo

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.