No. 2
-13-40
-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34571

Registration District No. NOV 12 1940 99

Primary Registration District No. 1002

Registrar's No. 4087

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: Research, Hospital, 1
(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) In this community Non-Resident

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County ____

(c) City or town Braymer, 0
(If outside city or town limits, write "RURAL")

(d) Street No. x
(If rural, give location)

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

3. (a) PRINT FULL NAME Mona Sue Blacketer,

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 Child

6. (b) Name of husband or wife x

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

7. Birth date of deceased June (Month) 23 (Day) 1930 (Year)

8. AGE: Years 10 | Months 4 | Days 2 | If less than one day ____ hr. ____ min.

9. Birthplace Missouri, (City, town, or county) 0 (State or foreign country)

10. Usual occupation x 0

11. Industry or business x 0

FATHER
12. Name R. B. Blacketer,
13. Birthplace Missouri, (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Thelma Hamilton,
15. Birthplace Missouri, (City, town, or county) (State or foreign country)

16. (a) Informant R. B. Blacketer,
(b) Address Braymer, Mo.

17. (a) Removal, (Burial, cremation, or removal) (b) Date thereof 10-25-40 (Month) (Day) (Year)
(c) Place: burial or cremation Braymer, Mo.

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 10-25-40 (Date received local registrar) (b) M. M. Grower (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 25th, year 1940 hour 12:45 minute P. M.

21. I hereby certify that I attended the deceased from 10-24, 1940 to 10-25, 1940; that I last saw her alive on 10-25, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Poliomyelitis Respiratory failure due to Bulbar Involvement

Due to ____

Due to ____

Other conditions ____
(Include pregnancy within 3 months of death) 16

Major findings:
Of operations ____
Of autopsy ____

Duration

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 Donald Bleich (M. D. or other)
Address 924 Pr of Bldg Date signed 10/25/40

(Licensed Embalmer's Statement on Reverse Side)

Dr. Donald R. Black

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 E. M. Plank

Licensed Embalmer No. 1848

P. O. Address Kansas City M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.