

No. 2
4-13-40
5-17-39
PI X251

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **41470**

FILED JAN 10 1941

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **4863**

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: St Joseph
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days Specify whether
In this community non Resident
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson
(c) City or town Parkville
(If outside city or town limits, write "RURAL")
(d) Street No. R 719 3
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Bert L. Blue (Bert L. Blue)

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Gva 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased. unknown 1870
(Month) (Day) (Year)

8. AGE: Years 70 Months unknown Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired laborer

11. Industry or business Cereal Milling

12. Name Wm. Blue

13. Birthplace Pa. (City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Doc Records

(b) Address Removal (c) Date thereof 12-20-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation highland cemetery

18. (a) Signature of funeral director R. J. Sullivan

(b) Address Mo. Ave.
19. (a) Dec. 23, 1940 (b) M. M. Orme
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 21
year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Dec 21, 1940 Dec 21, 1940
that I last saw him alive on Dec 21, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis

Due to Ruptured duodenal ulcer

Due to _____

Other conditions 11700
(Include pregnancy within 3 months of death)

Major findings: 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?
yes
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Wm. M. Orme (M. D. or other) _____
Address 201 Madison Bldg Date signed 12-23-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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.....
.....
working under my personal supervision.

Registered Apprentice No.....

Signed.....

R. W. Fulton

Licensed Embalmer No.....

3303

P. O. Address.....

Kcs.

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, fact should be so stated above.