

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **9824**

FILED APR 15 1941

Registration District No. **349**

Primary Registration District No. **1002**

Registrar's No. **1233**

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. Luke's Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **2 Days**
(Specify whether years, months or days)

In this community **58 Years**

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. **6404 Troost Avenue**
(If rural, give location)

(e) If foreign born, how long in U. S. A. **0** years.

3. (a) PRINT FULL NAME **Mrs. Myrtle M. Blitz**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White**

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

6. (b) Name of husband or wife **Mr. David Blitz**

6. (c) Age of husband or wife if alive **27** years

7. Birth date of deceased **September 14 1877**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
63	6	13	hr. min.

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

10. Usual occupation **Florist**

11. Industry or business **Blitz Flower Shop**

12. Name **Charles Forrest**

13. Birthplace **Hickory County Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth Skyles**

15. Birthplace **Hickory county Missouri**
(City, town or county) (State or foreign country)

16. (a) Informant **Ma. Clara Bliff Zauer**

(b) Address **6404 Troost Avenue**

17. (a) **Burial** (b) Date thereof **Mar. 29, 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Forest Hill Cemetery**

18. (a) Signature of funeral director **O. H. Newcomer's Sons**

(b) Address **1401 Brush Creek Blvd.**

19. (a) **3/27/41** (b) **M. M. Crowe**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **27th**
year **1941** hour **1** minute **15 A.** M.

21. I hereby certify that I attended the deceased from **Mar 22**
1941 to **Mar 27** 1941
that I last saw her alive on **Mar 26** 1941
and that death occurred on the date and hour stated above.

Immediate cause of death
**Cardiac Embolus
Pulmonic Sluvs.**

Due to **small heart twisted & strangled on itself.**

Due to **12 15 18**

Other conditions **Hypertension 177 18**
(Include pregnancy within 6 months of death)

Major findings:
Of operations **Pulmonic slavs
small heart strangled**

Of autopsy **no**

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) **no**

(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 **0**

23. Signature **J. C. Ramsey** (M. D. or other)
Address **311 Angelle Blvd** Date signed

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

12-5:30

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 George M. Collins

Licensed Embalmer No. 3839

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, fact should be so stated above.