No. 2
1-4-41
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 7 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20651

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2131

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

(d) Length of stay: In hospital or institution 2 days (Specify whether

In this community 35 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED: 048

(a) State Mo (b) County Jackson

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

(d) Street No. 2301 E 29th (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Nathan Blender

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Rebecca Blender

6. (c) Age of husband or wife if alive 60 years

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

8. AGE: Years	Months	Days	If less than one day
65			hr. min.

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

10. Usual occupation

11. Industry or business Grocer

FATHER
12. Name unknown
13. Birthplace unknown (City, town, or county) (State or foreign country)

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

16. (a) Informant Dr. Hunter Blender

(b) Address 5229 Rockhill Rd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-6-41 (Month) (Day) (Year)

(c) Place: burial or cremation Schiffe Rd Cemetery

18. (a) Signature of funeral director H. Tiger[illegible] & Sons

(b) Address Kansas City, Mo.

19. (a) 6/6/1941 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4th day June year 1941 hour 7 minute M.

21. I hereby certify that I attended the deceased from May 30, 1941 19 to June 4 19 41 that I last saw him alive on June 4 19 41 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure 61 61 — Duration 5 days

Due to Coronary thrombosis

Due to

Other conditions Diabetes mellitus (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 F H Schaefer (M. D. or other)

Address 1406 Bryant Bldg Date signed 6/6/41

(Licensed Embalmer's Statement on Reverse Side)

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 Francis Walton, Registered Apprentice No. 2744 working under my personal supervision.

Signed J. K. Tigerman

Licensed Embalmer No. 2744

P. O. Address Kansas City 2

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.