

SEP 12 1941

Registration District No. 299

Primary Registration District No. 1002

Registrar's No.

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:  
3540 Baltimore  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution X  
In this community 40 years (Specify whether years, months or days)

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. 3540 Baltimore  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? X 0 years.

3. (a) PRENT FULL NAME Miss Anna F. Hall

3. (b) If veteran, name war X 3. (c) Social Security No. X

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

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

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

8. AGE: Years 71 Months — Days — If less than one day hr. min.

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

10. Usual occupation Seamstress

11. Industry or business X

MOTHER FATHER { 12. Name Jacob Hall  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Richter  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Cullen  
(b) Address 135 Garfield, Kansas City, Mo.

17. (a) Burial (b) Date thereof 8-15-41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Forest Hill Cemetery

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

19. (a) 8/14/41 (b) m m. Crow  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 13th,  
year 1941 hour 8:35 minute P. M.

21. I hereby certify that I attended the deceased from 1932  
to Aug. 13, 1941  
that I last saw her alive on Aug. 13, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Rupture of Aorta  
Due to Hypertension  
arteriosclerosis  
Due to 9/10

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 9/6  
Of autopsy

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) (e) Means of Injury  
While at work  
23. Signature H. P. Bayhew (M. D. or other)  
Address 1108 Frank. K. C. Mo. Date signed 8/14/41

Duration 1 day  
10 yrs  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

2732

Dr. Boughnow

Prof. Bledy  
74a. 2646

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**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 *Felix Remy*

Licensed Embalmer No. *H 127*

P. O. Address *Kansas City, 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.**