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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 12 1941

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27583

Primary Registration District No. 1002

Registrar's No. 3241

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: 7206 Bellefontaine
(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: 60 Years /

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.: 7206 Bellefontaine
(If rural, give location)

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

If yes, name country: no

3. (a) PRINT FULL NAME: Mable S. Blake

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: Widowed

6. (b) Name of husband or wife: John L. Blake

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

7. Birth date of deceased: Sept. (Month) 11 (Day) 1872 (Year)

8. AGE: Years 68 Months 11 Days 16 If less than one day ..... hr. ..... min.

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

10. Usual occupation: Home

11. Industry or business: .....

FATHER
12. Name: Orvis E. Sykes
13. Birthplace: N. Y. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Eliza Chrestlieb
15. Birthplace: Ill. (City, town, or county) (State or foreign country)

16. (a) Informant: Fred E. Sykes
(b) Address: 4721 East 17th

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug 29 1941 (Month) (Day) (Year)
(c) Place: burial or cremation: Olatha Kans.

18. (a) Signature of funeral director: Mrs. C. L. Forster
(b) Address: 918 Brooklyn K. C. Mo.

19. (a) 8/29/41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Aug. 27 day ..... year: 1941 hour: 7 minute: 20 A.M.

21. I hereby certify that I attended the deceased from 8-26 1941 to 8-27 1941; that I last saw her alive on 8-26 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Ruptured Left Ventricle	Sudden
Due to: Chronic Myocarditis	?
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy: As above	

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? .....
While at work? ..... (Specify type of place) (e) Means of injury .....

23. Signature: L. James Larimore, M.D. or other
Address: 1010 Chambers Bldg. Date signed: 8-28-41

(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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed David C. Browning

Licensed Embalmer No. 2724

P. O. Address Ft. Smith

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

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