

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town K.C. Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: #314 Oak
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 2 years / (Specify whether years, months or days)

3. (a) PRINT FULL NAME Agnes Blair
3. (b) If veteran, name war No
3. (c) Social Security No. No

4. Sex F 5. Color or race W. 6. (a) Single, widowed, married, divorced Widowed
(b) Name of husband or wife J. H. Blair 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Aug 31 1871
(Month) (Day) (Year)

8. AGE: Years 70 Months 1 Days 22 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____
MOTHER FATHER { 12. Name John Green
13. Birthplace K.C. Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Mary B. Belmont
15. Birthplace Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Bessie Blair
(b) Address 4314 Oak K.C. Mo.

17. (a) Burial (b) Date thereof Oct 24 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Beltan Mo. Cem.

18. (a) Signature of funeral director Beltan Mo. Cem.

(b) Address Beltan Mo.
19. (a) 10/23/41 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson
(c) City or town K.C. Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 4314 Oak
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 23 year 41 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 7/14, 1941, to 10/23, 1941; that I last saw her alive on 10/22, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory
due to pneumonia
Due to _____
Due to _____

Other conditions 50
(Includes pregnancy within 3 months of death)

Major findings: Ca. P. Green
Of operations _____
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)
While at work? _____ (e) Means of injury _____

23. Signature John M. Crowe (M. D. or other) _____
Address 820 Professional Bldg Date signed 10/24/41

Duration 3 yrs
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 Richard E. Seager

Licensed Embalmer No. 3958

P. O. Address Beltan, Me.

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.