S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9487

FILED APR 25 1942

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 1289

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: General Hospital No. 2 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3-18-42-3-26-42 (Specify whether years, months or days)
In this community 18 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 048
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. 1200 E. 15th
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME ERNEST BLUITTE
3. (b) If veteran, name war no
3. (c) Social Security No. 514-09-4656
4. Sex Male 2
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Vernal Bluitte
6. (c) Age of husband or wife if alive 30 years
7. Birth date of deceased November (Month) 27 (Day) 1903 (Year)

8. AGE: Years 38 Months 3 Days 29 If less than one day hr. min.

9. Birthplace (City, town, or county) Mississippi (State or foreign country)
10. Usual occupation Cook
11. Industry or business Business
FATHER 12. Name George Bluitte
13. Birthplace (City, town, or county) Mississippi (State or foreign country)
MOTHER 14. Maiden name Mary L. Cunningham
15. Birthplace (City, town, or county) Unknown (State or foreign country) 9
16. (a) Informant Record Clerk
(b) Address General Hospital No. 2
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-3-42 (Month) (Day) (Year)
(c) Place: burial or cremation West Lawn
18. (a) Signature of funeral director Wm. J. N. Jones
(b) Address 442 State Line
19. (a) 4-2-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26 year 1942 hour 9 minute 30 p.m.
21. I hereby certify that I attended the deceased from March 18, 1942, to March 26, 1942 that I last saw him alive on March 26, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Embolism	
Due to Herniaplasty 1222	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Same 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? (Specify type of place)
While at work? (If) Means of injury

23. Signature G. C. Dr (M.D. or other)
Address Gen. Hosp. #2 - 6008 E. 22 Date signed 3-28-42

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(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 Eugene English, Registered Apprentice No. ....., working under my personal supervision.

Signed English Eugene

Licensed Embalmer No. 4105

P. O. Address 440 State ave. K. Kansas

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.