S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9927

FILED APR 1 1942

Registration District No. 99 Primary Registration District No. 1602 Registrar's No. 1059

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

48 38

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: On Sidewalk 42 nd & Prospect Avenue-S.e. Corner (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ------ (Specify whether) 3 In this community 43 Years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson 048 38

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

(d) Street No. 4219 Agnes Avenue (If rural, give location)

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

If yes, name country ------

3. (a) PRINT FULL NAME Mrs. Ida A. Trueblood

3. (b) If veteran, name war: No

3. (c) Social Security No. None

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Mr. Walter L. Trueblood

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

7. Birth date of deceased: December (Month) 22 (Day) 1870 (Year)

8. AGE: Years 71 Months 2 Days 30 21 If less than one day ..... hr. ..... min.

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

10. Usual occupation: At Home

11. Industry or business: ------

FATHER 12. Name: John Allstot

13. Birthplace: Unknown (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name: Mary Stone

15. Birthplace: Unknown (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs Mabel Grotjan

(b) Address: 4219 Agnes Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Mar. 16, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation: Memorial Park Cem.

18. (a) Signature of funeral director: O. K. Newcomer's Sons

(b) Address: 1401 Brush Creek Blvd.

19. (a) 3-14-42 (Date received local registrar) (b) M. M. Crome (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12th year 1942 hour 8 minute 50 P. M.

21. I hereby certify that I attended the deceased from 11-4, 1940 to 1-6, 1942 that I last saw h. alive on 1-6, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: 1-Coronary Sclerosis 2- " Thrombosis

Due to: 3-Arteriosclerosis nephritis 4-Pulmonary tuberc. (3) type

Due to: Immediate death probable due to

Other conditions: Ventricular fibrillation (Include pregnancy within 3 months of death)

Major findings: Of operations: 940

Of autopsy: yes.

Duration

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? Sudden Death. (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: M. H. Lemmle (M. D. or other)

Address: 836 Pet. Bldg. Date signed: 3/18/42

561 (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.....

Licensed Embalmer No.....

P. O. Address.....

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.