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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 24 1942

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 30486

Registration District No. 150 Primary Registration District No. 5572 Registrar's No. 98

**1. PLACE OF DEATH:**

(a) County Jackson
(b) City or town Lee Rural Prairie (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home Rural Lees Summit R# 3 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no (Specify whether
In this community 40 years (years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jackson 48
(c) City or town Rural Lees Summit 0 (If outside city or town limits, write "RURAL") 0
(d) Street No. R# 3 (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

**3. (a) PRINT FULL NAME** Rev Andrew B Blue

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

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

6. (b) Name of husband or wife Mrs Inez Blue 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased 3 (Month) 14 (Day) 1876 (Year)

8. AGE: Years 66 Months 5 Days 16 If less than one day hr. min.

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

10. Usual occupation Minister

11. Industry or business —

FATHER
12. Name Andrew Byron Blue
13. Birthplace Emporia (City, town, or county) Kansas (State or foreign country)

MOTHER
14. Maiden name Selestra Williams
15. Birthplace Emporia (City, town, or county) Kansas (State or foreign country)

16. (a) Informant Mrs Inez Blue
(b) Address Lee Summit Mo. R#3

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9 (Month) 2 (Day) 42 (Year)
(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director H H Daniels
(b) Address 7th & Kansas Ave Kansas City Kans.

19. (a) Sept. 9, 1942 (Date received local registrar) (b) F. M. Schicks by Effie Schicks Deputy (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Aug day 30, 1942
year 3 30 am hour minute M.

21. I hereby certify that I attended the deceased from May 1 1939, 19 to Aug 30, 1942
that I last saw him alive on July 28, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis

Due to hypertension
Heart disease

Due to Coronary sclerosis 94a

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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? (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 [illegible] M.D. (M. D. or other)
Address 618 Prof Bldg Date signed

1162 (Licensed Embalmer's Statement on Reverse Side) 8.31.42

## 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.....Ralph H. Runnels

Licensed Embalmer No.....3860

P. O. Address.....1318 E. 28th St., 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, fact should be so stated above.**