V. S. No. 2
30M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 957

FILED JAN 21 1943

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 65

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: 1822 Agnes
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community 16 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 1822 Agnes 8
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME JENNY AGNES BELKNAP

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Fe.

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ira

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years 72 Months Days If less than one day ..... hr. ..... min.

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

10. Usual occupation Homemaker

11. Industry or business None

FATHER
12. Name John Barber
13. Birthplace (City, town, or county) Ireland 4 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Ireland 4 (State or foreign country)

16. (a) Informant Ira Belknap
(b) Address 1822 Agnes

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Jan 7, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Ottumwa, Iowa.

18. (a) Signature of funeral director C. H. Blackman & Spn, Inc.
(b) Address Kansas City, Mo.

19. (a) 1-7-43 (Date received local registrar) (b) M. M. Grove (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 5 year 1943 hour 10 minute A. M.

21. I hereby certify that I attended the deceased from Dec-5-42 Jan-5, 1943, to ....., 19....; that I last saw her alive on Jan-4-43, 19....; and that death occurred on the date and hour stated above.

Immediate cause of death Ch Myocarditis

Due to Ch Interstitial Nephritis

Due to — 131

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 R B Ferrello (M. D. or other)

Address 2200 1/2 E 15 Date signed 1/7/43

(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 H D Blickman

Licensed Embalmer No. 3639

P. O. Address K C 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.