S. No. 2
M—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 5 1943

Registration District No. 149

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 5355

Registrar's No. 1001

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:
4800 Jefferson Street-Longfellow Apts. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ----- (Specify whether
In this community 9 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson 8

(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")

(d) Street No. 4800 Jefferson Street-Longfellow Apts.
(If rural, give location)

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

If yes, name country ----- 0

3. (a) PRINT FULL NAME Mrs. Pencie Blankenbaker Metzger

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White 1

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Mr. Sylvan Metzger

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased May (Month) 29 (Day) 1913 (Year)

8. AGE: Years 29 Months 8 Days 26 If less than one day hr. min.

9. Birthplace Franklin (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business -----

FATHER
12. Name Benjamin West Blankenbaker
13. Birthplace Franklin (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Elizabeth Pemberton
15. Birthplace Franklin (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant X Lester A. Metzger
(b) Address 4539 Roanoke

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 26, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Clark's Chapel Cemetery New Franklin, Missouri

18. (a) Signature of funeral director O. W. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) 2-26-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 25
year 1943 hour 6 minute 45A M.

21. I hereby certify that I attended the deceased from June, 1940, to Feb. 25, 1943
that I last saw her alive on Feb. 24, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral embolus	approx. 2 hr.
Due to Ess. Hypertension	4 yrs.
Due to Chronic bronchial asthma	8 yrs.
Other conditions (Include pregnancy within 3 months of death) 83 P	

Major findings:
Of operations
Of autopsy

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 J. J. Pocsik (M.D. or other) D.O.
Address 5902 St. John Date signed 2/25/43

(Licensed Embalmer's Statement on Reverse Side)

NOV 20 1946

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 C. Harvey Quisenber

Licensed Embalmer No. 4070

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.