V. S. No. 2
50M—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

FILED JUN 7 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17184

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2254

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: St. Joseph Hospital,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks, (Specify whether
In this community 26 years, years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson,
(c) City or town Kansas City,
(If outside city or town limits, write "RURAL")
(d) Street No. 3614 Gillham Road,
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country x

3. (a) PRINT FULL NAME Alva F. Trueblood

3. (b) If veteran, name war no.

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 Mary Trueblood

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

7. Birth date of deceased December 17th, 1871 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
71	4	26	hr. min.

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

10. Usual occupation Loan Department Manager

11. Industry or business Mass. Mutual Life Ins. Co.

FATHER
12. Name Francis Trueblood,
13. Birthplace Indiana (City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Mary Trueblood,
(b) Address 3614 Gillham Road, K. C., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-15-43 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 5-15-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13th year 1943 hour minute P. M.

21. I hereby certify that I attended the deceased from Dec 28, 1942, to May 13, 1943; that I last saw him alive on May 13, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Enlarged Prostate Trans-Urethral resection April 29-43

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 [signature] (M. D. or other) M.D.
Address 1019 Pr. Bldg Date signed 5/14/43

(Licensed Embalmer's Statement on Reverse Side)

Dr. R. Lee Hoffman
Rea. 10 A 277

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 E. M. Plank

Licensed Embalmer No. 1848

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.