S. No. 2
M—2-43
5-17-39
I X35697

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. 20243

FILED JUN 24 1943

Registration District No. 49

Primary Registration District No. 1002

Registrar's No. 2608

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1003 Monroe 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 Ten Days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Kansas (b) County Crawford 999 14 0
(c) City or town Pittsburg
(If outside city or town limits, write "RURAL")
(d) Street No. 606 North Smelter
(If rural, give location)
(e) Citizen of foreign country? — (Yes or No) 2
If yes, name country —

3. (a) PRINT FULL NAME Mrs. Nannie Blaes

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~~ 2

6. (b) Name of husband ~~or wife~~ John Blaes

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

7. Birth date of deceased Feb. 14 (Month) the (Day) 1872 (Year)

8. AGE: Years 71 ~~72~~ Months 3 Days 25 If less than one day ____ hr. ____ min.

9. Birthplace Ill. (City, town or county) 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Dont Know
13. Birthplace Dont Know (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Dont Know
15. Birthplace Dont Know (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mr. John W Hatman
(b) Address 1003 Monroe

17. (a) ~~Burial~~ (~~Burial, cremation~~, or removal) (b) Date thereof June 11 43 (Month) (Day) (Year)
(c) Place: burial or cremation Pittsburg Kansas

18. (a) Signature of funeral director Freeman Mortuary
(b) Address 104 West 42nd K C Mo

19. (a) 6-9-43 (Date received local registrar) (b) T. E. Brown Dep. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9th year 1943 hour 4 50 minute 9 M.

21. I hereby certify that I attended the deceased from June 4, 1943, to June 8, 1943 that I last saw her alive on June 9, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Chronic

Due to Fly Pneumonitis

Due to ~~93~~

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 93d

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 Russell L Hodge (M. D. or other)
Address North Kansas City Mo Date signed 6-9-43

(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 Clarence H Chelo

Licensed Embalmer No. 3473

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.**