

MAILED AUG 27 1943

149

State File No. \_\_\_\_\_  
Registrar's No. 3537

Registration District No. \_\_\_\_\_ Primary Registration District No. 1002

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: Research Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7-14-43. 8-15-43  
In this community 21 Years  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Blanche A. Phaff PFAFF  
3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Leonard H. Phaff 6. (c) Age of husband or wife if alive 45 years  
7. Birth date of deceased February 2 1899  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>44</u>	<u>6</u>	<u>13</u>	hr. _____ min.

9. Birthplace Mass. (City, town, or county) (State or foreign country)  
Usual occupation Housewife

10. Name Sidney Coosen  
Industry or business \_\_\_\_\_

11. Birthplace Maine (City, town, or county) (State or foreign country)  
Maiden name Lillian Hansen

12. Birthplace Maine (City, town, or county) (State or foreign country)  
(a) Informant Mr. Leonard H. Phaff  
(b) Address 4152 Indiana

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-17-1943  
(Month) (Day) (Year)  
(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director Mrs. C. L. Forster  
(b) Address Kansas City, Missouri

19. (a) 8-16-43 (Date received local registrar) (b) Rep. J. E. Brown (Registrar's signature)

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. 4152 Indiana  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 15th.  
year 1943 hour 5 minute 45 A. M.  
21. I hereby certify that I attended the deceased from June 3, 1943  
to Aug 15, 1943  
that I last saw her alive on Aug 14, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Leucopenia  
Duration 1 Month  
Due to ?  
Due to 76

Other conditions Bronchial Pneumonia - 1 week  
(Include pregnancy within 3 months of death)

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury ✓  
23. Signature John F. Lewis (M. D. or other) 3rd  
Address 3548 Indiana Date signed 8-16-43

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

WHETHER  
MOTHER  
3-15-43

**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 *Renzil C. Browning*  
Licensed Embalmer No. 2724  
P. O. Address St. P. Ind

**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.**

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

State of Mo.  
County of Jackson } SS.

State File No. 27439/3  
Local Registrar's No. 3537

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 4<sup>th</sup> day of August, 1945, before me appears Mr. Leonard H. Pfaff, who, upon his oath, states that the original record of ~~birth~~ death for Blanche A. Pfaff died born August 15, 1943, in the State of Missouri, and which was filed at K.C.H. on 8-16, 1943, should be corrected as follows:

Item No. 3 should read Blanche A. Pfaff  
Instead of " " Pfaff

Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_

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Instead of \_\_\_\_\_

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Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_

The above is true to the best of my knowledge, information and belief  
(SEAL) Leonard H. Pfaff Husband  
Relationship.

4159 Indian Ave.  
Present Address.

Subscribed and sworn to before me this 4<sup>th</sup> day of August, 1945

My Commission expires Oct. 20, 1947 Carrie M. Ruppel Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

