

ED SEP 21 1943
Registration District No. **149**

Primary Registration District No. **1002**

Registrar's No. **3792**

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: **General Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 hrs. 15 mins.**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Kansas** (b) County **9277**
(c) City or town **Fort Scott** **17**
(If outside city or town limits, write "RURAL") **0**
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country **2**

3. (a) PRINT FULL NAME **Blendena Lipson**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **none**

4. Sex **Female** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Unknown** 6. (c) Age of husband or wife if alive **2 yrs**

7. Birth date of deceased **May 23 1903**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
40 3 8 hr. min.

9. Birthplace **Great Bend, Kansas**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER { 12. Name **J. L. Peete**

13. Birthplace **Arkansas**
(City, town, or county) (State or foreign country)

14. Maiden name **Effie Leonard**
(City, town, or county) (State or foreign country)

15. Birthplace **Kansas**
(City, town, or county) (State or foreign country)

16. (a) Informant **Rec'd Clerk**

(b) Address **1500 Ave. Fayette**

17. (a) **Removal** (b) Date thereof **9-2-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Scott, Kansas**

18. (a) Signature of funeral director **Cheney and Co**

(b) Address **St. Scott, Kansas**

19. (a) **9-2-43** (b) **J. E. Brown**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **1**
year **1943** hour **8** minute **15 A.M.**

21. I hereby certify that I attended the deceased from **Sept. 1 43**
1 19 **43** to **Sept. 1 43**
that I last saw her alive on **Sept. 1 43**
and that death occurred on the date and hour stated above.

Immediate cause of death **Epidemic meningitis**

Due to _____
Due to **6**

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy **See above**

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 **Harry P. Shom** (M. D. or other) _____
Address _____ Date signed _____

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

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 Jack W. Laybourne
Licensed Embalmer No: 1715
P. O. Address: 150 7th

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.