

FILED APR 7 1944
Registration District No. **1002**

Primary Registration District No. **1002**

Registrar's No. **1419**

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

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:
613 Laurel St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **3 yrs.** (Specify whether years, months or days)

In this community **3 yrs.**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Jackson**

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

(d) Street No. **619 Laurel St**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Henry Blay**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **No**

4. Sex **Male** 5. Color or race **Cauc**

6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife **Widow**

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

7. Birth date of deceased **unknown**
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Mar** day **6** year **1944** hour **2:00** minute **P.** M.

21. I hereby certify that I attended the deceased from **Deputy Coroner** 19____; that I last saw him _____ alive on _____ 19____; and that death occurred on the date and hour stated above.

8. AGE:	Years 60	Months	Days	If less than one day hr. _____ min.
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9. Birthplace **Unknown** (City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business **Common Laborer**

MOTHER FATHER

12. Name **unknown**

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

14. Maiden name **unknown**

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

16. (a) Informant **Louise Gonia**

(b) Address **619 Laurel St**

17. (a) **Burial** (b) Date thereof **4/1-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **London**

18. (a) Signature of funeral director **William Byers**

(b) Address **2208 Vine St**

19. (a) **3-31-44** (b) **J. E. Brown**
(Date received local registrar) (Registrar's Signature)

Immediate cause of death **acute Dilatation of Heart**

Due to _____

Due to _____

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) (c) Means of injury _____

23. Signature **L. P. Richardson** (M. D. or other) _____
Address **1832 Vine** Date signed **9-8-44**

1395
M

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 *R. T. Moore*
Licensed Embalmer No. *548*
P. O. Address *Kansas City 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.