

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 6 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **330**

Registration District No. **149**

Primary Registration District No. **1002**

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

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 No. 2
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **1-14-45-1-16-45**
(Specify whether
 In this community **69 years 0**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Jackson** **48**
 (c) City or town **Kansas City** **3**
(If outside city or town limits, write "RURAL") **9**
 (d) Street No. **516 W. 7th**
(If rural, give location)
 (e) Citizen of foreign country? **no** **!** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Edward Blake**
 3. (b) If veteran, name war **None**
 3. (c) Social Security No. **None**

4. Sex **male 2** 5. Color or race **Negro**
 6. (a) Single, widowed, married, divorced **Widowed 2**
 6. (b) Name of husband or wife **Laveda Blake**
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **May 5 1875**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	69	8	11	hr. _____ min.

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

10. Usual occupation **Common Laborer**

11. Industry or business _____

MOTHER FATHER

12. Name **Harrison Blake**
 13. Birthplace **9 Unknown**
(City, town, or county) (State or foreign country)
 14. Maiden name **Fannie**
 15. Birthplace **9 Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Record Clerk**
 (b) Address **Gen. Hosp. #2.**

17. (a) **burial** (b) Date thereof **1/22/45**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Lincoln Cemetery**

18. (a) Signature of funeral director **Watkins Bros**
 (b) Address **1729 Lydia**

19. (a) **2-22-45** (b) **M. E. Brown**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **16**
 year **1945** hour **10:15** minute **a.** M.
 21. I hereby certify that I attended the deceased from **January 14**, 19**45**, to **January 16**, 19**45**;
 that I last saw him alive on **January 16**, 19**45**;
 and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage** **83a**
 Duration _____

Due to **Cerebral & generalized arteriosclerosis**

Due to _____
 Other conditions (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) _____
 Means of injury _____
 23. Signature **J. O. [Signature]**
 Address **Gen. Hosp. #2-600 E. 22** Date signed **1-20-45**

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 D. J. Manlove

Licensed Embalmer No. 3994

P. O. Address 2503 Highland

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.