

FILED FEB 14 1945

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 520

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:
(Home) 2434 Myrtle Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days) 11 years /

3. (a) PRINT FULL NAME Etta Jane Bloodgood

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

4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Adison Bloodgood
6. (c) Age of husband or wife if alive 84 years

7. Birth date of deceased Dec. 9th 1868
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	76	1	22	hr. _____ min. _____

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

10. Usual occupation housewife

11. Industry or business _____

12. Name Samuel Tumbough

13. Birthplace Mo.
(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 Ethel Dalman

(b) Address 2434 Myrtle, K.C. Mo.

17. (a) burial (b) Date thereof 2/3/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly, Mo.

18. (a) Signature of funeral director Earp Funeral Home

(b) Address 4139 E. 15th, St. K.C. Mo.

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

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") 8
(d) Street No. 2434 Myrtle Ave.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 1st
year 1945 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from 3 September
4 1945 to Feb. 1 1945
that I last saw her alive on January 31 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Due to Hypertension

Due to _____
Other conditions (Include pregnancy within 3 months of death) 830

Major findings: Of operations _____
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?
While at work? (Specify type of place) _____ (e) Means of injury 8
23. Signature Charles Kimmel (Seal or other) D.O.
Address 2717 Rochester Date signed 1945

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

MOTHER FATHER

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

John B. Pope

Licensed Embalmer No.

24553

P. O. Address

122-710

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.