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

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 11 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5514

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 896

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: 2827 Lister - !
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 20 years -
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 48

(c) City or town Kansas City 7
(If outside city or town limits, write "RURAL")

(d) Street No. 2827 Lister - 8
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME FRED CLYDE BLAISDELL

3. (b) If veteran, name war No

3. (c) Social Security No. 486-10-0141

4. Sex M O

5. Color or race W

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

6. (b) Name of husband or wife Henrietta E.

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased March (Month) 30 (Day) ~~1882~~ 1880

8. AGE: Years 65 Months 10 Days 20 If less than one day hr. min.

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

10. Usual occupation Butcher -

11. Industry or business Harveys Mkt.

FATHER
12. Name unknown
13. Birthplace - no information (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name "
15. Birthplace - no information (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Henrietta Blaisdell

(b) Address 2827 Lister

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-23-46 (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn

18. (a) Signature of funeral director Mrs. C. L. Forster

(b) Address 918-20 Brooklyn - KC Mo

19. (a) 2-22-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 20 year 1946 hour 2 minute 8 M.

21. I hereby certify that I attended the deceased from Nov 29, 1943 to Feb 20, 1946 that I last saw him alive on Feb 20, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Toxic Myocarditis	1945
Due to Chronic arthritis	1943
Due to	
Other conditions Pulmonary Emphysema (Include pregnancy within 3 months of death)	1943

Major findings:
Of operations X
Of autopsy X 93a

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) X

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other)

Address 612 Professional Bldg Date signed 2/22/46

(Licensed Embalmer's Statement on Reverse Side)

Dr. Lyle G. Willits
Proff. Bldg.
Zone 1103
1-4
Indep.

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 C. H. Wise

Licensed Embalmer No. 2540

P. O. Address K. C. 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.