

S. No. 2
FORM-5-43
Rev. 5-17-39
I X36877

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13043

State File No. _____

FILED APR 29 1946
Registration District No. 179

Primary Registration District No. 1002

Registrar's No. 1251

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:
Trinity Lutheran Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 22 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carroll 17

(c) City or town Bogard 2
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country _____

3. (a) PRINT FULL NAME EDWARD BLANN

3. (b) If veteran, name war no

3. (c) Social Security No. 500-22-0657

4. Sex Male 5. Color or race White

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

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

7. Birth date of deceased Dec-4- 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

77	4	10	hr. _____ min.
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9. Birthplace Missouri (City, town, or county) (State or foreign country) 1

10. Usual occupation Painter

11. Industry or business _____

MOTHER FATHER

12. Name JAKE BLANN

13. Birthplace Missouri (City, town, or county) (State or foreign country) 1

14. Maiden name PORTER

15. Birthplace Missouri (City, town, or county) (State or foreign country) 1

16. (a) Informant HARRY BLANK

(b) Address 1721 W. 34th

17. (a) Burial (b) Date thereof 4-14-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ELKHART

18. (a) Signature of funeral director G.A. Duncan

(b) Address Bogard Mo

19. (a) 4-14-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14th
year 1946 hour 8 minute 20 A.M.

21. I hereby certify that I attended the deceased from April
March 23, 1946, to April 14, 1946
that I last saw him alive on April 14, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Toxemia

Due to Carcinoma of stomach 1-2 yrs

Due to _____

Other conditions 46K
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Carcinoma of stomach
Of operations _____

Of autopsy _____

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 J. J. Peterson (M. D. or other) M.D.
Address Rialto Bldg. Date signed 4/14/46

(Licensed Embalmer's Statement on Kansas City, Mo.)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
11949

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 *Ed Dufferson*

Licensed Embalmer No. 2534

P. O. Address Bogard 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.