S. No. 2
M—2-43
. 5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 7 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23917

Registration District No. 154 Primary Registration District No. 5575 Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Grandview (Rural)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 13 mi So of Grandview 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether
In this community 15 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 999

(a) State KANSAS (b) County DOUGLAS

(c) City or town LAWRENCE, KANSAS 4
(If outside city or town limits, write "RURAL")

(d) Street No. 1324 NEW HAMPSHIRE 0
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 2

If yes, name country

3. (a) PRINT FULL NAME JOHN M. BLOUGH

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife CLARA A. BLOUGH 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased MAY (Month) 27 (Day) 1888 (Year)

8. AGE: Years 58 Months 1 Days 21 If less than one day ____ hr. ____ min.

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

10. Usual occupation FARMER

11. Industry or business

FATHER
12. Name JOHN W. BLOUGH
13. Birthplace DON'T KNOW (City, town, or county) PENN (State or foreign country)

MOTHER
14. Maiden name EURIE B. HURSEY
15. Birthplace HUDSON (City, town, or county) ILLINOIS (State or foreign country)

16. (a) Informant J. Lee Laplad
(b) Address GRANDVIEW, MO. R.F.D. #1

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7-20-46 (Month) (Day) (Year)

(c) Place: burial or cremation MEMORIAL PARK CEM. LAWRENCE, KS.

18. (a) Signature of funeral director [signature]
(b) Address Lawrence, Kansas

19. (a) 7/20/46 (Date received local registrar) (b) Dr. Anna G. Hedges (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 18 year 1946 hour 2 minute 00 A.M.

21. I hereby certify that I attended the deceased from 5 April, 1946 to July 15, 1946 that I last saw him alive on July 15, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia — Duration

Due to Multiple Cerebral Hemorrhages

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?
(Specify type of place)

While at work? (e) Means of injury 2

23. Signature R. L. West D.O. (M. D. or other) D.O.
Address RFD #1 Grandview Mo Date signed 7-18-46

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(Licensed Embalmer's Statement on Reverse Side)

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 Matt M Shradeh Jr

Licensed Embalmer No. 4382

P. O. Address Kan City Kan.

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.