S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38527

FILED DEC 9 1947
Registration District No. 7

Primary Registration District No. 3026

Registrar's No. 356

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Independence Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 13 Days (Specify whether years, months or days)
In this community: 47 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson
(c) City or town: Kansas City (If outside city or town limits, write "RURAL") Rural
(d) Street No.: 824 Hawthorne (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: --

3. (a) PRINT FULL NAME: Sarah Rachel Blake
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: Charles G. Blake
6. (c) Age of husband or wife if alive: 79 years
7. Birth date of deceased: October (Month) 11, (Day) 1873 (Year)

8. AGE: Years	Months	Days	If less than one day
74	1	17	hr. min.

9. Birthplace: Greenwood, (City, town, or county) Missouri, (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: Home

MOTHER FATHER
12. Name: John Arnold
13. Birthplace: Unknown (City, town, or county) (State or foreign country)
14. Maiden name: Liza Luttrell
15. Birthplace: Unknown (City, town, or county) (State or foreign country)

16. (a) Informant: Charles G. Blake
(b) Address: 824 Hawthorne
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-3-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Washington
18. (a) Signature of funeral director: Dixon L. Tapley
(b) Address: Independence, Missouri
19. (a) 11-30-47 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 28th year 1947 hour 6 minute 30 P. M.
21. I hereby certify that I attended the deceased from 6/3/47, 19..., to ..., 19...; that I last saw her alive on 11/28, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Auricular Fibrillation	2 weeks
Due to: Chronic Atrial Hypertension	2 years
Due to: Myocardial Hypertrophy	2 yrs
Other conditions (Include pregnancy within 3 months of death): —	

Major findings:
Of operations: —
Of autopsy: —

PHYSICIAN
Underline the cause of 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

23. Signature: Fred W. Dyer M.D. (M. D. or other)
Address: Fairmount Hotel Date signed: 11/29/47
Kansas City - Mo

Jefferson City Printing Co. (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 Dale A Oldfield Registered Apprentice No. 31, working under my personal supervision.

Signed Dixon L. Kepley

Licensed Embalmer No. 4225

P. O. Address Independence, Missouri.

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.