S. No. 300
M—10-47
r. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 20 1948

Registration District No. 149

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 8583

Registrar's No. 1070

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: Lakeside Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)
In this community as above

2. USUAL RESIDENCE OF DECEASED:
(a) State: Kansas (b) County: 999
(c) City or town: Bonner Springs
(If outside city or town limits, write "RURAL") 0
(d) Street No.: Rural, RFD #2
(If rural, give location) 2
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country: x

3. (a) PRINT FULL NAME: Mrs. Anna J. Blevins
3. (b) If veteran, name war: no.
3. (c) Social Security No.: no.
4. Sex: female
5. Color or race: white
6. (a) Single, widowed, married, divorced: widowed
6. (b) Name of husband or wife: Samuel J. Blevins
6. (c) Age of husband or wife if alive: dec. years
7. Birth date of deceased: November (Month) 16 (Day) 1875 (Year)
8. AGE: Years 72 Months 3 Days ~~23~~ 22 If less than one day hr. min.
9. Birthplace: Missouri (City, town, or county) 0 (State or foreign country)
10. Usual occupation: at home.
11. Industry or business: x
MOTHER FATHER
12. Name: William Johnson
13. Birthplace: Missouri (City, town, or county) 0 (State or foreign country)
14. Maiden name: Margaret Webster
15. Birthplace: Missouri (City, town, or county) 0 (State or foreign country)
16. (a) Informant: E. E. Watkins
(b) Address: 50 So. 13th St., K. C., Kansas
17. (a) removal (Burial, cremation, or removal) (b) Date thereof: 3-9-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Wichita, Kansas
18. (a) Signature of funeral director: Stine & McClure
(b) Address: 3235 Gillham Plaza, K. C., Mo.
19. (a) 3-9-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8 year 1948 hour A 6:15 minute A. M.
21. I hereby certify that I attended the deceased from 3/1, 1948, to 3/8, 1948, that I last saw her alive on 3/8, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac failure	Duration
Due to: Diabetic Coma	
Due to: Cardio-Vascular-Renal Syndrome c̄ Diabetes Mellitus	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: 0	
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: A. J. Milazzo (M. D. or other) MD
Address: 1225 E. Armour Date signed 3/8/48

(Licensed Embalmer's Statement on Reverse Side)

Dr.

Bradbury
Will be by late
this eve.
Be. 8184
We. 6287

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 Charles Stickney, Registered Apprentice No. 64, working under my personal supervision.

Signed Robert H Reed

Licensed Embalmer No. 3745

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.