

S. No. 30
M-10-47
v. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

12957
State File No. _____
1943
Registrar's No. _____

FILED MAY 15 1948
Registration District No. 49

Primary Registration District No. 1002

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: General Hospital No. 1
(d) Length of stay: In hospital or institution 19 days
In this community 34 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 1224 Holmes
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME Blanche Weeks
(b) If veteran, name war no
(c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 2
year 1948 hour 4 minute 50 P.M.

4. Sex Female
5. Color or race white
6. (a) Single, widowed, married, divorced, married
6. (b) Name of husband or wife: Ozge Weeks
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased: Oct 15, 1895

21. I hereby certify that I attended the deceased from April 13, 1948 to May 2, 1948, that I last saw her alive on May 2, 1948, and that death occurred on the date and hour stated above.

8. AGE: Years 52 Months 6 Days 18

Immediate cause of death: Bronchiectasis with abscess formations and heart failure

9. Birthplace: Denver Colo

Due to: interstitial myocardial fibrosis

10. Usual occupation: Homemaker
11. Industry or business: At home

Other conditions: _____
Major findings: Of operations: _____
Of autopsy: See above

12. Name: Frank Lewis
13. Birthplace: Pa.
14. Maiden name: Mary Wade
15. Birthplace: Del

PHYSICIAN: _____
Underline the cause to which death should be charged statistically.

16. (a) Informant: D. J. Lewis
(b) Address: 114 N. Brighton
17. (a) Burial (b) Date thereof: 5-5-48
(c) Place: burial or cremation: Forest Hill
18. (a) Signature of funeral director: Blckmans
(b) Address: R. C. Mo.
19. (a) 5-5-48 (b) Heraldine Holmes

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____
23. Signature: Wm W. Hart (M. D. or other) _____
Address: Med. Dir. Gen'l Hosp. Date signed: 5-3-48

Dr. Williams

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 *R. D. Blackman*
Licensed Embalmer No. *3639*
P. O. Address *PC 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.