

S. No. 2
M-5-43
5-17-39
I X38871

FILED NOV 6 1948/49

Registration District No. 149

Primary Registration District No. 1002

State File No. _____

Registrar's No. 4269

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

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:
ST. JOSEPH'S HOSPITAL
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 DAYS
(Specify whether years, months or days)
 In this community 5 MONTHS.

3. (a) PRINT FULL NAME MRS. BLANCHE ELIZABETH KEIM
3. (b) If veteran, name war No
3. (c) Social Security No. 509-07-15238

4. Sex FEMALE **5. Color or race** WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MR. ARTHUR WILLIAM KEIM
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased DECEMBER 15 1882
(Month) (Day) (Year)

8. AGE: Years 65 Months 10 Days 3
 If less than one day _____ hr. _____ min.

9. Birthplace MINNEAPOLIS MINNESOTA
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business AT HOME

12. Name ZEPHERE AMBLEAU
13. Birthplace MONTREAL CANADA
(City, town, or county) (State or foreign country)
14. Maiden name SARAH
15. Birthplace MONTREAL CANADA
(City, town, or county) (State or foreign country)

16. (a) Informant MR. ARTHUR WILLIAM KEIM

(b) Address 5204 BIRCH STREET MISSION, KANS

17. (a) REMOVAL (Basal, exhumation, or removal) **(b) Date thereof** OCT. 20, 1948
(Month) (Day) (Year)

(c) Place: burial or cremation BUFFALO, NEW YORK

18. (a) Signature of funeral director R.W. Mucconeri

(b) Address 1401 Brush Creek Blvd

19. (a) 10-20-48 (Date received local registrar) **(b) Maudine Holmes** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State KANSAS (b) County JOHNSON
 (c) City or town MISSION
(If outside city or town limits, write "RURAL")
 (d) Street No. 5204 BIRCH STREET
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 18TH year 1948 hour 12 minute 40 A.M.

21. I hereby certify that I attended the deceased from July 16th 1948 to Oct 17th 1948
 that I last saw her alive on Oct. 17th 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis Hypertensive Heart Disease
 Due to _____
 Due to _____

Other conditions: 93 D
(Include pregnancy within 3 months of death)

Major findings: 93 D
 Of operations _____
 Of autopsy _____

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 _____ (Type of place)
 (c) Means of injury Smith
23. Signature James D. Smith (M. D. or other)
Address 218 Prof. Bldg **Date signed** 10/18/48

Duration 12 da
3 mos
PHYSICIAN
 Underline the cause to which death should be charged statistically.

318 Professional Bldg.
11-5

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 *D. D. Noflinger*
Licensed Embalmer No. *3938*
P. O. Address *Kansas City, 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.