

FILED JUN 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15754**
2221
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY JACKSON MO			
b. CITY (If outside corporate limits, write RURAL and give town) KANSAS CITY		c. LENGTH OF STAY (In this place) 25 YEARS		c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		d. STREET ADDRESS (If rural, give location) 1627 TOPPING AVENUE	
d. FULL NAME OF HOSPITAL OR INSTITUTION KANSAS CITY GENERAL HOSPITAL #1							
3. NAME OF DECEASED (Type or Print) a. (First) JOHN		b. (Middle) ALBERT		c. (Last) BLUCHER		4. DATE OF DEATH (Month) (Day) (Year) MAY-19-1949	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH AUGUST 17, 1887	
9. AGE (In years last birthday) 61 YRS.		If UNDER 1 YEAR Months 9 Days 2		9. AGE (In years last birthday) 61 YRS.		If UNDER 1 YEAR Months 9 Days 2	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FREIGHT HANDLER		10b. KIND OF BUSINESS OR INDUSTRY RAILWAY EXPRESS		11. BIRTHPLACE (State or foreign country) ODESSA, MISSOURI		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME JOHN BLUCHER		13b. MOTHER'S MAIDEN NAME MATTIE PARROTT		14. NAME OF HUSBAND OR WIFE LILLIAN F. BLUCHER			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY (If yes, give war or dates of service) 486-07-36		17. INFORMANT'S SIGNATURE OR NAME Lillian F. Blucher		ADDRESS KANSAS CITY, MO. 1627 Topping Ave.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shock			
				MEDICAL CERTIFICATION			
				ANTECEDENT CAUSES			
				DUE TO (b) 2030 Burns Entire Body			
				DUE TO (c) Egile			
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION Deputy Coroner				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) at home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City Jackson MO			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 5 19 49		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Clothes caught afire			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 3:00 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Type or Print) A. E. Upsher				23b. ADDRESS 2800 Main		23c. DATE SIGNED 5/19/49	
24a. BURIAL CREMATION (Specify) BURIAL		24b. DATE MAY 21, 1949		24c. NAME OF CEMETERY OR CREMATORY ODESSA CEMETERY		24d. LOCATION (City, town, or county) (State) ODESSA, MISSOURI	
DATE REC'D BY LOCAL REG. 5-21-49		REGISTRAR'S SIGNATURE Sheraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE D.W. Newcomer's Sons ADDRESS 1331 BRUSH CREEK BLVD. KANSAS CITY, MO.			

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Bernard L. Moran* _____

Licensed Embalmer No. *4250* _____

P. O. Address *M C M* _____

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.